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Intimacy, Marital Satisfaction, and Sexuality in Mature Couples

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## ABSTRACT

### Intimacy, Marital Satisfaction, and Sexuality in Mature Couples

Jennifer A. Volsky

The present study investigated the relationship between intimacy and marital satisfaction, as well as between intimacy and sexuality. Participants were 30 couples, with a mean age of 49. Participants had been involved in a romantic relationship for an average of 20 years. Couples were asked to complete a variety of questionnaires on intimacy, marital, and sexual functioning. Results indicated no sex differences in levels of overall intimacy, or in levels of sexual satisfaction, however the men were experiencing more sexual problems than the women. For men, sexual and emotional intimacy predicted marital satisfaction, whereas for women, recreational and emotional intimacy were the significant predictors. High discrepancies between perceived and desired levels of intimacy were not related to lower marital satisfaction. Few dimensions of intimacy were related to sexual satisfaction and functioning. The finding that different types of intimacy are important to marital satisfaction for men and women has implications for the areas of focus in marital therapy. The finding that large discrepancies between perceived and desired intimacy levels did not decrease marital satisfaction suggests that individuals find ways to compensate for a lack of intimacy in their relationship. Other implications of the present findings, as well as how they relate to past research and theory, are discussed.

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## Intimacy, Marital Satisfaction, and Sexuality in Mature Couples

The subject of marital intimacy is one that has been of interest to psychologists for many years. However, research has been burdened by a confusion of operational definitions. In their review of intimacy studies, Moss and Schwebel (1993) found 61 unique definitions of intimacy. Definitions have ranged from being simple and unidimensional to complex and multidimensional. Early research often defined intimacy as self-disclosure, or simply being married. More recent research has conceptualized intimacy as consisting of many dimensions, for example love, sexuality, and emotional disclosure. It has also been acknowledged that intimacy may exist in friendships and other non-romantic relationships. For the purpose of this study, however, intimacy in heterosexual, romantic relationships will be the focus.

Prager (1995) proposed a multi-component definition of intimacy which incorporates aspects of many of the existing conceptualizations. Prager believes that intimacy has both a behavioural and emotional component. The behavioural component consists of activities which people engage in together, such as touching and talking, whereas the emotional component includes feelings of love and togetherness. Prager's conceptualization of intimacy has many strengths, and will be discussed in greater detail at a later point.

As will be seen by the literature reviewed, the relationship of intimacy to marital satisfaction and sexuality has not been clearly identified. Generally, however, researchers agree that intimacy is related to these concepts. It also appears that the emotional component of intimacy is the most important in the prediction of marital satisfaction

(Schaefer & Olson, 1981; Tolstedt & Stokes, 1983). Feeling understood by and loved by one's partner seems to be an integral part of satisfactory marriages for both men and women.

The relationship of intimacy to sexuality is even less clear than that of intimacy to marital satisfaction. Research has shown that intimacy is related to sexual satisfaction, however the extent of the relationship, and how specific intimacy dimensions affect sexuality has rarely been studied (Patton & Waring, 1985; Fortin & Theriault, 1995). Also, whether or not sex differences occur in intimacy's relationship to sexuality is a disputed area which deserves further study.

As will be mentioned in greater detail, the majority of intimacy research has been conducted on younger individuals, or on samples with wide age ranges. In order to better understand the role of intimacy in marital and sexual adjustment, all age ranges should be studied. The endurance of intimacy may be a key factor in marriages that have lasted for twenty years or more (Prager, 1995).

### The Importance of Intimacy

Research has consistently shown that intimacy contributes to the development of individual well-being. According to Van den Broucke, Vandereycken and Vertommen (1995), "...close relationships, such as those between husbands and wives, are the cornerstones of interpersonal behavior, which not only provide the social context in which individual lives develop, but also influences the well-being of these individuals"(p. 217).

Studies show that having an enjoyable intimate relationship is strongly linked to psychological health. For example, it has been found that married individuals are better psychologically adjusted than unmarried individuals (Prager, 1995). Also, people in intimate relationships have a lower rate of mental illness (Moss & Schwebel, 1995; Prager), and have fewer stress-related symptoms when faced with stressful situations (Prager). Furthermore, people without intimate relationships tend to be more vulnerable to feelings of depression and loneliness (Prager).

Intimacy is also an important factor in physical well-being. Several prospective studies on intimate relationships and mortality have been conducted. For example House, Robbins and Metzner (as cited in House, Landis, & Umberson, 1988), studied 2754 adults (ages 35-69) over a period of 10-12 years. After adjusting for a variety of mortality risk factors, the results showed that men without intimate relationships were two to three times more likely to die over the course of the study than men with intimate contacts. Women with few intimate ties were between one and a half and two times more likely to die than women in intimate relationships.

Reis (1984), in his review of several studies on mortality, concluded that physical well-being may stem from positive contact with intimate partners. Both Cassel (as cited in House, Landis, & Umberson, 1988) and Cobb (as cited in House, Landis, & Umberson), also suggest that social relationships (i.e. friends, spouses) have the ability to buffer the potentially harmful effects of stress or other health hazards.

Individuals in intimate relationships are more resistant to disease and physically disabling conditions (Moss & Schwebel, 1995). It has been found that people without

intimate relationships show signs of depressed immune system functioning, and also tend to have more accidents than people with intimate relationships (Prager, 1995).

There is no doubt that intimacy is integral to individual well-being. Much research has also been conducted on the relationship between intimacy and marital well-being.

### Intimacy and Marital Satisfaction

Prior to reviewing the relationship between these constructs it is useful to clarify the term marital satisfaction. Generally, marital satisfaction can be thought of as “...the relative degree of pleasure and displeasure associated with the relationship” (Haynes et al., 1992, p. 473). Marital satisfaction also refers to the quality of the marital relationship, which can be influenced by, among other things, communication, affection, and love (Haynes et al.).

Several questionnaires have been developed to assess marital satisfaction as conceptualized above. The two most widely used are the Locke-Wallace Marital Adjustment Scale (Kimmel & Van der Veen, 1974), and the Dyadic Adjustment Scale (Spanier, 1976). Both measures are global estimates of the degree of satisfaction with the marriage and consist of items on similar topics (i.e., extent of agreement between spouses on various issues, degree of commitment to one another). They both have demonstrated good reliability and validity, and are highly correlated with one another (Cohen, 1985).

Intimacy is thought to be one of the most important contributors to marital satisfaction (Prager, 1995). Some researchers have suggested a positive linear

relationship between the overall level of intimacy and marital satisfaction (Navran, 1967; Burke, Weir & Harrison, 1976). According to Merves-Okin, Amidon and Bernt (1991), however, it is possible for a relationship with a low level of intimacy to be satisfying if both partners are happy with it. For example, when both partners are content with low levels of self-disclosure (an aspect of verbal intimacy), they will report their relationship as being satisfying (Merves-Okin, Amidon, & Bernt).

Schaefer and Olson (1981) feel that a key issue in the relationship between marital satisfaction and intimacy is the discrepancy between perceived and desired levels of intimacy for each partner. Some couples will report low levels of intimacy, but high marital satisfaction (Schaefer & Olson). This is likely due to a low discrepancy between how much intimacy each partner desires, and how much intimacy is expressed in the relationship. A study conducted by Sternberg and Barnes (1985) on 24 student couples using Rubin's (1970) Love Scale as a measure of intimacy found that the strongest predictor of relationship satisfaction was the discrepancy between the partners' desired and perceived levels of intimacy in the relationships. The greater the discrepancy, the less satisfying the relationship (Sternberg & Barnes).

The relationship of intimacy to marital satisfaction is not as direct as it may seem. According to Tolstedt and Stokes (1983), various types of intimacy differ in importance to the determination of marital satisfaction. In their study, an attempt was made to determine the relationship of verbal, affective and physical intimacy with marital satisfaction. Verbal intimacy was defined as self-disclosure, affective intimacy as "...a perception of closeness and emotional bonding in the relationship..." (p. 576), and

physical intimacy as attractiveness of the spouse and physical and sexual activities engaged in by the couple. Participants in the study were 43 couples (ages 18- 59), who had been married for an average of eight years and who were seeking help for marital difficulties. The study required participants to complete a ten item questionnaire assessing their perception of the closeness of the relationship, a self-disclosure questionnaire, and a questionnaire assessing physical and sexual activities. Participants also completed a measure of marital satisfaction, and a measure of behaviours indicative of the potential for divorce. The results of the study suggested that verbal, affective, and physical intimacy were all related to marital satisfaction. However, verbal and emotional intimacy were more predictive of marital satisfaction than physical intimacy. Unfortunately, Tolstedt and Stokes did not report data on sex differences that may have been present. The relative importance of the three types of intimacy may have been different for men and women.

The results of Tolstedt and Stokes' (1983) study suggest that different types of intimate behaviour may not contribute equally to marital satisfaction. If verbal and affective intimacy are more important to marital satisfaction than physical intimacy, relationships with strong verbal and emotional intimacy may be satisfying despite a lack of physical intimacy (Tolstedt & Stokes). Similarly, relationships lacking emotional and/or verbal intimacy may be less satisfying, even if the level of physical intimacy is high.

The Tolstedt and Stokes (1983) study had several limitations. First, the majority of the couples were experiencing difficulties in their marriages and seeking help for



them. Thus, the generalizability of the results to non-distressed couples is questionable. Second, the age range of the participants was large. Younger couples, and those with shorter relationships durations, may have different intimacy profiles from older couples (Prager, 1995). Another important limitation of the study was the use of unstandardized measures with no established psychometric properties which could undermine the validity of the results.

Another study assessing the relationship of various types of intimacy to marital satisfaction was conducted by Schaefer and Olson (1981). The definition of intimacy used in this study was developed by Olson (1975) and attempted to integrate previous conceptualizations. Olson distinguished what he called “intimate experience” from intimate relationships. Olson defined intimate experience as “...a feeling of closeness or sharing with another in one or more of ... seven areas.” These areas included: emotional intimacy, the feeling of closeness to another person; social intimacy, the sharing of friends and social networks; intellectual intimacy, the sharing of ideas with another person; sexual intimacy, the sharing of affection and/or sexual activity; recreational intimacy, sharing an interest in a particular hobby or sport; spiritual intimacy, having similar religious beliefs, and aesthetic intimacy, the sharing of perceptions as to what is beautiful.

An intimate relationship, as defined by Olson (1975) is “...one in which an individual shares intimate experiences in several areas, and there is the expectation that the experiences and relationship will persist over time” (p. 50). Olson feels that intimacy

is a process which develops and fluctuates over time. Intimacy is an unstable state, it cannot be “achieved,” it must be worked on to be maintained.

In order to empirically measure Olson’s (1975) definition of intimacy, Schaefer and Olson (1981) developed a questionnaire called the Personal Assessment of Intimacy in Relationships (PAIR). The PAIR has items pertaining to five of Olson’s seven proposed areas of intimacy: emotional, social, sexual, recreational, and intellectual. The other two types of intimacy, spiritual and aesthetic were omitted from the questionnaire due to their lack of conceptual clarity (Olson). In their validation study of the PAIR, Schaefer and Olson analyzed the relationship between different types of intimacy and couples’ scores on the Locke-Wallace Marital Adjustment Test (Kimmel & Van der Veen, 1974). Participants included 192 couples who had been married an average of 12 years, and ranging in age from 21–60.

The results of the study suggested that each type of intimacy was significantly correlated with marital satisfaction, but to differing degrees. For example, there were consistently high correlations between marital adjustment and emotional, recreational, and intellectual intimacy. This result is similar to that found by Tolstedt and Stokes (1983), in that emotional, or affective intimacy, was more important to marital satisfaction than physical or sexual intimacy. Interestingly, the correlations between the different types of intimacy and marital satisfaction were stronger for women than for men. Unfortunately, Schaefer and Olson (1981) did not report whether or not the difference between correlations for men and women were statistically significant.

### Intimacy and Sexuality

It is, perhaps, surprising that little attention has been paid to how intimacy and sexuality are linked. For example, sexual functioning and sexual satisfaction may be related in some way to intimacy. Unfortunately, no studies have looked specifically at how intimacy affects either problems with sexual functioning or decreased sexual satisfaction. For example, poor sexual functioning or sexual satisfaction may be related in some way to a lack of intimacy. The relationship between intimacy and adequacy of sexual functioning may be particularly important in older individuals, since older people have a higher likelihood of experiencing difficulties with sexual functioning (Hyde, 1990).

Several standardized measures of sexuality have been developed. Few, however, incorporated sexual satisfaction and functioning. As a result, Rust and Golombok (1985), developed the Golombok-Rust Inventory of Sexual Satisfaction (GRISS). The GRISS is a 28 item questionnaire which was designed to measure specific areas of sexual functioning. It includes questions pertaining to specific sexual dysfunctions (i.e., erectile disorder, anorgasmia) as well as subscales measuring sexual satisfaction and communication. Despite its ability to differentiate important aspects of sexual adjustment and its sound psychometric properties, the GRISS is an underused measure.

A small number of studies have been conducted on the relationship between sexual satisfaction and intimacy. One of the obstacles to conducting research in this area is the lack of an adequate definition of sexual satisfaction. Some definitions focus on behavioural variables such as frequency of lovemaking, or frequency of orgasm

(Henderson-King & Veroff, 1994). However, the frequency of sexual activities can be an ambiguous measure. Some couples may have a low frequency of sexual activity, but still report being highly sexually satisfied. According to Henderson-King and Veroff, "...individuals' perceptions of the quality of sexual performance is less important than the quality of feelings that accompany sexual activity" (p. 513).

Research on the relationship of sexual satisfaction to intimacy does suggest that the two are linked; however, the relationship between intimacy and sexual satisfaction does not appear to be as strong as the relationship between intimacy and marital satisfaction (Van den Broucke, Vandereycken, & Vertommen, 1995). Patton and Waring (1985) conducted a study assessing the relationship between sexuality and marital intimacy. They used the Waring Intimacy Questionnaire (WIQ) which assesses Waring's (1981) proposed types of intimacy: conflict resolution, affection, cohesion, sexuality, identity, compatibility, autonomy and expressiveness. Their participants were 250 couples obtained randomly from the community using a telephone directory. The participants' average age was 47, and couples had been married an average of 22 years. For the analysis, scores on the sexuality subscale were correlated with the other subscales of the WIQ. The results of this study suggested that men tend to see their sexual relationship as separate from the amount of intimacy in their marital relationship (Patton & Waring). For women, on the other hand, sexual satisfaction was closely linked to intimacy. These results suggest that men may be sexually satisfied even when the level of the other types of intimacy in their marriage is low (as measured by the WIQ), but

women's sexual satisfaction depends, in part, on the level of other dimensions of intimacy in the relationship.

A major limitation of the Patton and Waring (1985) study was the lack of a standardized measure of sexual satisfaction. The sexual intimacy subscale of the WIQ may not be a valid measure of sexual satisfaction because sexual intimacy may not be equivalent to sexual satisfaction (Prager, 1995). No studies have been conducted regarding the psychometric properties of the sexuality subscale of the WIQ, or its correlations with other standardized measures of sexual satisfaction.

In a similar study, Fortin and Theriault (1995) examined the relationship between sexual satisfaction as measured by the Inventory of Sexual Satisfaction (Pinney, Gerrard, & Denney, 1987) and intimacy as measured by the PAIR. Participants were 130 males and 130 females, with an average age of 30-34 years (range 20-55+). Each individual was in a relationship ranging from 1 to 25+ years. Intimacy and sexual satisfaction were significantly correlated for both males and females, and no sex differences were found in the experience of intimacy or in sexual satisfaction.

Researchers in the area of sexuality often distinguish between overall sexual satisfaction and sexual functioning. Adequacy of sexual functioning, like sexual satisfaction, may be related to intimacy. According to Morokoff and Gilliland (1993), sexual functioning refers to an individual's adequacy at performing specific sexual behaviours. Many people, especially older individuals, experience difficulties with sexual functioning such as erectile dysfunction and anorgasmia (Spector & Carey, 1990).

Unfortunately the relationship between sexual functioning and intimacy has yet to be studied.

### Sex Differences in Intimacy

Much research has been conducted to determine whether or not sex differences exist in the experience of intimacy. In fact, the topic of sex differences has been one of the most thoroughly studied in intimacy research. Much of the research has shown evidence of sex differences, but there are a number of studies which have not found any.

It will be recalled that Patton and Waring (1985) found interesting sex differences in the relationship of intimacy to sexuality. Specifically, it was found that men were able to be sexually satisfied even when other types of intimacy in their relationship were low, whereas women's sexual satisfaction was dependent on the other types of intimacy. Other researchers also report specific differences in the experience of intimacy for men and women (Prager, 1995; Sherman, 1993). Clinicians working in the area have offered the opinion that women are more likely to think of intimacy in terms of deep, personal verbal exchanges and feelings of connectedness to another individual. Men, on the other hand, tend to think of intimacy in terms of doing things together and having physical contact, including sexual activity (Rampage, 1994; Sherman). Sex differences in the way men and women approach intimacy have been documented. It has been found that men favour sexual intimacy more than they favour verbal intimacy, whereas women tend to favour verbal intimacy over sexual intimacy (Prager). Importantly, it has been shown that women are more likely to feel that their intimacy needs are not being met, and that intimacy is a stronger predictor of women's marital satisfaction than of men's (Prager,

1995). This sex difference may be related to men's and women's different views of intimacy.

Sex differences in both verbal and non-verbal intimate interactions have also been found. For example, it has been found that men tend to restrict their self-disclosures to less personal topics than women (Prager, 1995). Also, men are less likely to use gaze behaviours and touch when interacting with another individual.

Although much of the research on sex differences in intimacy supports their existence, some inconsistencies have been found. Unlike Patton and Waring (1981), Fortin and Theriault (1995) did not find sex differences in the relationship of intimacy to sexual satisfaction. Also, Merves-Okin, Amidon, and Bernt (1991), conducted a study investigating sex differences in intimacy. Their participants were 75 couples who had been married an average of 12 years, and ranged in age from 21-80 years (mean 36). Intimacy was measured using the Scale of Feelings and Behavior of Love (Swenson, 1973). This scale is divided into six areas: verbal expression of feelings; self-disclosure; tolerance of unpleasant aspects of one's partner; encouragement and support; nonverbally expressed feelings; and material evidence of love. The results indicated that there were no sex differences in either verbal or non-verbal intimacy (Merves-Okin, Amidon, and Bernt).

One possible explanation for the lack of sex differences in some studies is the type and length of the relationship of the participants. Prager (1995), has suggested that sex differences in intimacy tend to be less pronounced in long term heterosexual romantic relationships as compared to short or non-romantic relationships. For example,

in the context of romantic relationships, women and men tend to self-disclose equally often, and about similar topics. In her study of 51 married couples, Singer-Hendrick (1981) found that husbands' and wives' tendencies to disclose were correlated. That is, the more one partner self-disclosed, the more the other partner would self-disclose.

As mentioned above, sex differences in intimacy may diminish when individuals are in stable romantic relationships. However, the length and type of relationship alone may not be an adequate explanation for the lack of sex differences in some studies. Patton and Waring's (1985) participants had been married an average of 22 years, and yet sex differences were evident. According to Merves-Okin, Amidon, and Bernt (1991), couples who are happy and secure in their marriages may be more likely to perceive intimacy in the same way as each other. When one spouse is unhappy, however, sex differences in the experience of intimacy are more likely to result. For example, in Patton and Waring's study, the women reported less fulfillment in their relationships, and sex differences were found. This would suggest that differences in intimacy between men and women in long-standing, satisfying romantic relationships should be minimal. Unfortunately, little research has been conducted on sex differences in intimacy in those individuals who have been in satisfying, long term relationships.

#### Intimacy in Older Individuals

As with many other areas of research, the age group most studied in intimacy research is young adults (18-30 years of age). Older individuals (40 years of age and older) have rarely been the focus of study. This is unfortunate because as individuals get older, they are more likely to be involved in long term intimate romantic relationships



(Prager, 1995). It could be that high levels of intimacy are related to longer term satisfactory relationships.

Although little research on older populations has been conducted, the importance of intimacy to older individuals is one area which has been examined. In a study of interpersonal relationships and aging, Lowenthal and Haven (1968) discovered that the happiest and healthiest older people were those who were involved in close relationships. In 1976, Lowenthal and Weiss reported that older men and women with mutually supportive and intimate dyadic relationships were more likely to live autonomous and satisfying lives than those individuals without them.

Due to the lack of information on the experience of intimacy in older individuals, there is also a lack of information on how the length of a relationship may influence dimensions of intimacy. Studies involving younger people necessarily involve shorter relationship duration. Sternberg (1986) suggests that the overall level of intimacy in a relationship will gradually decrease over time due to predictability. Some studies, however, show no decrease in intimacy over time (Acker & Davis, 1992). It has also been suggested that some intimate behaviours, such as touching and sexuality, decline considerably the longer the relationship, but that intimate experience (i.e. feelings of love and togetherness) does not decrease with longer relationships (Prager, 1995; Acker & Davis). In fact, there seems to be revitalization of love and togetherness in marriage in late adulthood (Prager).

### Operationalizing Intimacy

As can be seen by the studies reviewed, definitions of intimacy in the literature have been numerous and varied. Despite the increasing amount of research, no consensus exists on the definition of intimacy.

The earliest definitions of intimacy focused on the concept of self-disclosure. In fact, “most attempts to conceptualize intimacy have not distinguished it from self-disclosure” (Schaefer & Olson, 1981, p. 49). The most extensive work on self-disclosure has been done by Altman and Taylor (1973). Their Social Penetration Theory operationalized intimacy in terms of verbal exchange between individuals. Self-disclosure is traditionally broken down into three variables: breadth, depth, and valence. Breadth of self-disclosure refers to the range of topics that a person discloses. Depth of self-disclosure refers to how personal the information is that is disclosed. Valence of self-disclosure refers to the positive or negative quality of the information disclosed.

Self-disclosure alone has been found to be an inadequate definition of intimacy because self-disclosure can sometimes decrease feelings of closeness in intimate relationships (Cozby, 1973 ; Gilbert, 1976). In particular, it has been found that negative self-disclosures, or those which are intended to hurt another person, often serve to reduce closeness and intimacy (Singer-Hendrick, 1981).

More recent definitions of intimacy suggest that it is multifaceted and includes concepts such as reciprocal understanding, caring, affection and self-disclosure (Prager, 1995). Many definitions divide the concept of intimacy into specific types. For example, Dahms (1972) proposes three types of intimacy: intellectual, emotional and physical.

Clinebell and Clinebell (1970) suggest eleven types of intimacy: sexual, aesthetic, creative, emotional, recreational, work, crisis, conflict, commitment, spiritual and communication.

#### Prager's (1995) Definition of Intimacy

After reviewing the literature, Prager (1995) recently suggested that in order for research on intimacy to progress, researchers need to come to a consensus on an operational definition. Currently, it is impossible to make comparisons across intimacy studies, due to the use of different definitions. Prager, therefore, suggested a definition which incorporates various aspects of existing conceptualizations of intimacy.

Prager (1995) suggests a multi-tiered concept, with intimacy being considered "...a superordinate concept under which certain basic concepts are subsumed" (p. 18). Prager proposes that intimate interactions form the basis of intimate relationships. Intimate interactions can be thought of as interactions between partners in which they share personal material, feel good about themselves and each other, and have mutual understanding. Intimate interactions have two components: intimate behaviour and intimate experience. Intimate behaviour is "...any behaviour in which partners share that which is personal and/or private with each other" (p. 26) (ie. self-disclosure, affectionate touching). Intimate experience, on the other hand, is "...the positive affect and perceived understanding that partners experience along with or as a result of their intimate behaviour" (p. 26)

Thus, in this study, the term intimacy is conceptualized as consisting of both intimate behaviours and intimate experiences within the context of a romantic

relationship. Prager (1995) has not developed a questionnaire to measure her definition of intimacy. Most questionnaires in this area tend to focus on either intimate behaviour or experience. One instrument, the PAIR (Schaefer & Olson, 1981), however, approaches Prager's notion. It contains subscales which assess both intimate behaviour (social, recreational, sexual) and experience (emotional, intellectual).

One area which is not covered by the PAIR is physical (non-sexual) intimacy. Physical affection (i.e., touching, kissing) has generally been considered an important component of intimacy. The Physical Affection Scale (PAS), developed by Liederman (1991), is a short measure of the frequency of occurrence of various physically affectionate behaviours in ongoing romantic relationships. The PAS may be a useful measure of a component of intimate behaviour.

Both the PAIR and the PAS emphasize intimate behaviour. Rubin's (1970) Love Scale, on the other hand, targets Prager's (1995) concept of intimate experience. The Love Scale addresses areas such as feeling close to one's partner and feelings of shared understanding between partners, and has been used as a measure of intimacy (Sternberg & Barnes, 1985).

In the present study, the PAIR, PAS and Love Scale were combined to form global measure of intimacy as defined by Prager (1995). One potential limitation of using self-report measures of intimacy is that many people are hesitant about reporting negative aspects of their romantic relationship. As a result, they may respond in a socially desirable way to some of the items.

### Defensiveness in Response to Measures of Relationship Satisfaction

According to Jemal and LoPiccolo (1982), social desirability can be thought of as a tendency to respond to items in such a way that one appears in a favourable light. In test situations, people often respond in a way that will create a favourable impression, regardless of how they actually think, act, or behave (Carstenson & Cone, 1983). Items which are endorsed are improbable but socially desirable, and those which are considered socially undesirable are denied. Evidence suggests that the problem of defensive responding may be highlighted in research on relationships and sexuality (Patton & Waring, 1985; Snyder, 1979). The possibility of socially desirable, or defensive responding must be taken into account when studying these areas.

As can be seen by the studies reviewed above, research on intimacy has been confused by the lack of an operational definition. Results of studies are often conflicting, which may simply be the result of different conceptualizations of intimacy, and the use of different measures. Many studies do not use standardized measures of intimacy, marital and sexual satisfaction, calling into question the validity of their data, and making them difficult to replicate. Also, participants in several studies have been heterogeneous, especially with respect to age. As a result, the generalizability of the findings of these studies is often suspect.

### Purpose of the Present Study

The first purpose of the present study was to determine the relationship between different types of intimacy (intimate behaviour and experience) and marital satisfaction, measured by psychometrically sound questionnaires, in a relatively homogeneous sample

of older individuals. The second purpose was to determine the relationship, if any, between levels of intimacy and sexuality and to attempt to shed light on intimacy's role in not only sexual satisfaction, but also in sexual functioning.

The present study also looked at other factors which may influence intimacy. The question of possible sex differences in intimacy was examined. Finally, whether or not discrepancies in individuals' levels of intimacy had any influence on their level of marital satisfaction was studied.

### Hypotheses

1) Some previous research (Prager, 1995) has suggested that sex differences in intimacy are more evident in shorter relationships. However, further research has indicated that satisfaction with, as well as the length of the relationship, are key factors in the existence of sex differences in intimacy (Merves-Okin, Amidon, & Bernt, 1991). Therefore, it was hypothesized that sex differences would be more evident in those participants whose relationship duration was shorter (less than ten years) and less satisfying, than in those with longer, satisfying relationships.

2) It was hypothesized that individuals with large discrepancies between their perceived and desired level of intimacy would have lower marital satisfaction than individuals with smaller discrepancies between perceived and desired intimacy.

3) Previous research (Schaefer & Olson, 1981; Tolstedt & Stokes, 1983), suggested that all types of intimate behaviour and experience were related to marital happiness, but that affective dimensions of intimacy were more strongly related to marital satisfaction than physical dimensions. Therefore, it was hypothesized that

although all types of intimacy would be correlated with marital satisfaction, some types of intimacy (i.e., emotional, intellectual) would be more strongly related than others (i.e. sexual).

4) Past research on intimacy and sexuality has been sparse. However some studies show a relationship with sexual satisfaction (Patton & Waring, 1985; Fortin & Theriault, 1995). It was hypothesized, therefore, that intimacy would be correlated with sexual satisfaction, and possibly sexual functioning.

## Method

### Participants

A sample of 81 couples was recruited from the community. Of these, 33 couples returned the questionnaires (41% response rate). Three questionnaires were returned uncompleted (4% drop out rate). Three individuals were dropped from the final sample because their partners did not participate. The final sample, therefore, consisted of 30 couples. Recruitment consisted of a variety of techniques, only some of which were successful. In an attempt to solicit participants, advertisements were placed in local newspapers, alumni and current professors of Concordia University were contacted, and information sheets (see Appendix A) were placed in the Mature Students' Centre of Concordia University, a hairdressing salon, and a curling club. Recruiting through word of mouth, however, proved to be the most effective. In order to participate, individuals had to be between the ages of 39 and 69, in a relationship for at least one year, and in good general health. Criteria for exclusion included psychiatric problems, measured by the Brief Symptom Inventory (Derogatis & Melisaratos, 1983), and currently undergoing therapy for marital problems. Selected demographic characteristics of the sample are shown in Table 1. Participation in the study was voluntary, as individuals were not paid.



Table 1

Selected Demographic Characteristics of Males and Females in Total Sample

Variables	Group			
	Males ( <u>n</u> =30)		Females ( <u>n</u> =30)	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Age	50.63	8.49	48.23	7.65
Length of Relationship <sup>a</sup>	19.39	10.98	19.39	10.98
Years of Education	15.7	2.9	15.27	2.78
Income <sup>b</sup>	8.35	2.2	8.35	2.2
	%	<u>n</u>	%	<u>n</u>
Marital Status				
Married	83.3	25	83.3	25
Cohabiting	6.7	2	6.7	2
Divorced	3.3	1	-	-
Widowed	-	-	3.3	1
Partnered but not cohabiting	6.7	2	6.7	2
Work Status				
Employed	83.3	25	76.7	2316
Unemployed	-	-	3.3	
Retired	16.7	5	20.0	
Occupation				
Unskilled	3.3	1618	6.7	21011
Skilled	20.0		33.3	
Professional	60.0		36.7	
Language				
French	83.3	255	80.0	246
English	16.7		20.0	

Note: <sup>a</sup> Length in years<sup>b</sup> Combined Income Scale

1: \$1-10,000	3: \$21-30,000	5: \$41-50,000	7: \$61-70,000	9: \$81-90,000	11: \$101-150,000
2: \$11-20,000	4: \$31-40,000	6: \$51-60,000	8: \$71-80,000	10: \$91-100,000	12: \$150+

## Materials

### Demographic Information Sheet

A brief questionnaire (see Appendix C) was used to obtain couple demographic information. Items included questions on marital status, length of relationship, and combined income.

### Background Information Questionnaire

The Background Information Questionnaire (see Appendix D) was used to obtain individual demographic information such as age, education and occupation, as well as the participants' medical and psychological history, lifestyle behaviours (e.g., smoking, drinking alcohol, exercising), and sexuality (e.g., sexual satisfaction and communication).

### Sexual Defensiveness Scale (SDS) (Jemal & LoPiccolo, 1982)

The SDS (see Appendixes E and F) was used to assess the degree to which individuals were defensive about disclosing negative or socially undesirable aspects of their sexual relationships. Separate versions of the SDS exist for women and men. The male version consists of 16 true/false items. Items 3, 5, 8, 11, and 15 are keyed in the false direction, and the remaining items in the true direction. The female scale consists of 15 items, with questions 1, 2, 4, 7, 10, 11, and 15 keyed in the false direction the remaining items in the true direction. Each item is scored one or zero, depending on the response. The higher the score, the greater the likelihood that the respondent is answering in a socially desirable way. Cronbach Alpha coefficients of internal consistency were reported at .80 for males and .75 for females (Jemal & LoPiccolo).

Jemail and LoPiccolo reported mean scores of 5.84 ( $SD = 3.8$ ) for men and 5.68 ( $SD = 3.5$ ) for women. In order to assess construct validity, the SDS was correlated with the Marital Defensiveness Scale (MDS) (Jemail & LoPiccolo), the Marlowe-Crowne Social Desirability Scale (MC-SD) (Crowne & Marlowe, 1960), and the Personality Research Form A Social Desirability (PRF-SD) (Jackson, 1967). The SDS was significantly correlated with each of these measures (ranging from .29 to .68), providing support for its construct validity.

#### Personal Assessment of Intimacy in Relationships (PAIR) (Schaefer & Olson, 1981)

The PAIR (see Appendix G) is a 36 item self-report questionnaire. It provides scores for five types of intimacy: emotional, social, intellectual, sexual, and recreational, as well as a 6 item subscale measuring social desirability. The PAIR measures both how intimate the relationship is at the present time, and the level of intimacy each spouse would prefer. Each item is rated on a 5 point Likert scale ranging from 0 (not at all true) to 4 (completely true). Individuals are asked to rate each of the statements twice, once concerning “How it is now” and again with respect to “How I would like it to be.” Two scores are calculated for each of the five intimacy scales. One score represents the current level of intimacy, and the other the desired level of intimacy. The raw PAIR scores are transformed into a score ranging from 0-96, with higher scores indicating higher levels of intimacy. The conventionality (social desirability) subscale is scored separately to assess the extent to which the individual is responding to the items in a socially desirable manner. Cronbach’s Alpha Reliability Coefficients range from a low of .70 for the intellectual and recreational scales, to a high of .77 for the sexual intimacy

scale (Schaefer & Olson, 1981). No test-retest reliability analyses have been conducted. In order to test the validity of the PAIR, it was correlated with the Locke-Wallace Marital Adjustment Scale (MAS) (Kimmel & Van der Veen, 1974), and the cohesion, expressiveness, conflict, and control subscales of the Moos Family Environment Scale (Moos & Moos, 1976). The PAIR was found to be significantly correlated with both the MAS and the Moos (Schaefer & Olson).

#### Love Scale (Rubin, 1970)

The Love Scale (see Appendix H) is a measure of romantic love. In this study, the Love Scale was used as a measure of intimate experience. The items on the Love scale address issues such as feeling close to one's partner and feelings of shared understanding between partners. The Love Scale consists of 13 items, to which respondents are asked to state their degree of agreement. Items are rated on a 9 point Likert scale ranging from 1 (not at all true) to 9 (definitely true). A total score is calculated by summing the scores on each item. The Love Scale has been shown to have internal consistency of .84 for women and .86 for men (Rubin, 1970). Evidence for the construct validity of the Love Scale has been found in several studies. Love scores have been shown to correlate with depth of romantic involvement (Dermer & Pyszczynski, 1978), and to predict marital commitment (Scanzoni & Arnett, 1987).

#### Physical Affection Scale (PAS) (Liederman, 1991)

The PAS (see Appendix I) consists of 12 affectional behaviours (e.g. hugging, kissing). For each behaviour, individuals are asked to rate the amount that they receive, that they would like to receive, and that they give to their partner. The rating scale

consists of nine points ranging from 0 (none) to 9 (a great deal). Three total scores are calculated, reflecting the total amount of physical affection received, desired, and given. Difference scores can also be calculated to determine the discrepancy between the amount of physical affection received and the amount of affection desired, for example. Internal consistency of the PAS has been calculated at .97 for men and .93 for women. Test-retest reliability ranged from .80 to .92 (Liederman, 1991). No construct validity on the PAS is currently available.

Locke-Wallace Marital Adjustment Scale (MAS) (Kimmel & Van der Veen, 1974)

The MAS (see Appendix J) consists of 23 items of varying formats. Some items ask the respondent to rate the extent of agreement between spouses on such issues as “handling family finances” and “amount of time that should be spent together.” Another item consists of several potential areas of difficulty in the marriage such as “adultery” and “constant bickering.” The final item of the MAS requires the subject to indicate the degree of happiness in their marriage on a scale ranging from very unhappy to very happy. Scores on the MAS are slightly different for men and women. Husbands’ total scores can range from 48 to 138, and for wives, 50 to 138. A total score less than 80 is thought to be indicative of marital distress. Average scores on the MAS range from 100 to 110. Internal consistency has been calculated at .77 (Spanier, 1976). Test-retest reliability has ranged from .60 to .77 for men, and .76 to .78 for women (Kimmel & Van der Veen). Haynes, Follingstad and Sullivan (1979) found that the MAS was able to discriminate between distressed couples seeking marital therapy and satisfied couples. They also found the MAS to be highly correlated with the Marital Interaction Coding

System (Patterson, Weiss, & Hops, 1977), a measure of behaviours suggesting marital dissatisfaction such as criticism, disagreement, and interruption (Haynes, Follingstad, & Sullivan).

Golombok-Rust Inventory of Sexual Satisfaction (GRISS) (Rust & Golombok, 1985)

The GRISS (see Appendixes K and L), is a 28 item self-report questionnaire assessing one's own level of sexual functioning in a variety of areas. Separate versions of the GRISS are available for men and women. The GRISS provides an overall estimate of the quality of sexual functioning in the relationship. It also provides scores on the following subscales: impotence, premature ejaculation, anorgasmia, vaginismus, infrequency (of sexual activity), non-communication, male dissatisfaction, female dissatisfaction, male non-sensuality, female non-sensuality, male avoidance (of sexual activity), and female avoidance. The dissatisfaction subscales of the GRISS (items 5, 11, 15, 21 for males and items 5, 10, 22, 27 for females) are not computed in the total score. Raw GRISS scores for each subscale, as well as the overall score are transformed into scores ranging from 1 to 9, with a score of five or above being indicative of a problem in the specific area of functioning. Each subscale consists of 4 items. Standardization of the GRISS was conducted on a sample of 88 individuals in sex therapy throughout the United Kingdom (Rust & Golombok, 1985). Split-half reliabilities of the overall scores were found to be .94 for females and .87 for males. Internal consistencies for the subscales ranged from a low of .61 (non-communication) to a high of .83 (anorgasmia). Test-retest reliabilities ranged from .47 (female dissatisfaction) to .84 (premature ejaculation).

The GRISS has been shown to discriminate between clinical and control groups (Rust & Golombok, 1985). All subscale scores on the GRISS except male non-sensuality, male avoidance, and non-communication, were also able to distinguish between control and clinical groups (Rust & Golombok).

Brief Symptom Inventory (BSI) (Derogatis & Melisaratos, 1983)

The BSI (see Appendix M) was used as a screening device in the present study. Individuals with significant psychiatric problems were excluded from the study. The BSI, which is a shortened version of the Symptom Checklist-90 (SCL-90-R), consists of 53 items describing various complaints and problems that an individual may be experiencing. The items are rated on a 5 point scale reflecting the degree (not at all to extremely) to which the problems have caused the individual distress in the previous week. Scores on the following dimensions can be calculated: somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. Three indexes can be calculated from the raw scores obtained on the BSI. The General Severity Index, the Positive Symptom Total and the Positive Symptom Distress Index are all used to determine the degree of psychopathology. Test-retest reliabilities range from a low of .68 for somatization to a high of .91 for phobic anxiety. Internal consistency of the BSI ranged from .71 (psychoticism) to .85 (depression). Brophy, Norvell, and Kiluk, (1988) found the BSI to be correlated with similar scales on the MMPI (i.e., depression, hypochondriasis, paranoia). Convergent and discriminant validity of the BSI have yet to be fully investigated.

### Procedure

Before recruiting participants for the study, English questionnaires which had not been previously published in French were translated by a bilingual member of the research team, and then back-translated.

As mentioned earlier, potential participants were informed about the study through personal acquaintances of a member of the research team. Participants who required further information about the study were encouraged to call the laboratory where one of the researchers could answer any questions. Individuals who were interested in participating, and who met the criteria, were mailed a questionnaire package, as well as a written consent form (see Appendix B). Participants were asked to fill out the questionnaires, and mail them back to the laboratory in the stamped envelope that was provided.



## Results

### Overview

Four major sets of analyses were conducted to test the four hypotheses of the present study. The first analysis was conducted to examine the possibility that sex differences in intimacy would emerge in individuals with relationships of shorter duration. In order to test this, a multivariate analysis of variance (MANOVA) was conducted. A second MANOVA was conducted to determine whether or not there were sex differences in sexual satisfaction or functioning. In order to examine the hypothesis that intimacy is related to marital satisfaction, a hierarchical multiple regression was conducted using the intimacy measures as independent variables. A *t*-test was conducted to determine if individuals with high discrepancies between perceived and desired intimacy differed on marital satisfaction from those with low discrepancies. The final sets of analyses explored the hypothesis that intimacy may be related to sexuality, more specifically sexual satisfaction and sexual functioning. Correlations were computed using the intimacy measures and the GRISS.

Prior to conducting the analyses, all variables were examined for accuracy of data entry, missing values, and fit between their distributions and the assumptions of multivariate normality. For four couples, data on length of relationship was missing. These missing values were replaced with the mean for all participants, as recommended by Tabachnick and Fidell (1996).

In order to determine whether or not males and females differed on the major demographic variables, *t*-tests and chi-squared analyses were conducted. No significant

differences were found. There were, however, significantly more Francophone than Anglophone individuals in the sample,  $\chi^2(1) = 24.07$ ,  $p < .00001$ . Investigation of the mean scores on the various intimacy and marital satisfaction measures suggested that the sample had high levels of intimacy and were happy in their marital relationship. Investigation of the scores on the GRISS revealed that 11 of the 30 men in the sample scored at or above the clinical cutoff (indicating sexual problems) on the GRISS, while only two women scored at the cutoff.

### I. Psychometric Properties

Measures of internal consistency were calculated for the major questionnaires used in the study. Each measure was found to have adequate reliability (PAIR  $\alpha = .69$ , Love Scale  $\alpha = .82$ , MAS (Marital Adjustment Scale)  $\alpha = .78$ , PAS (Physical Affection Scale)  $\alpha = .87$ , GRISS-F  $\alpha = .79$ , and GRISS-M  $\alpha = .68$ ). Reliabilities were also calculated for the individual subscales of the PAIR. The subscales demonstrated questionable internal consistency, ranging from  $-.001$  to  $.45$ .

### II. Sex Differences in Intimacy and Sexuality

All participants were generally satisfied in their marriages, and, as a result, the sample could not be classified as maritally satisfied and dissatisfied. Therefore, in order to at least determine whether sex differences in intimacy would emerge in individuals with shorter relationships, the sample was divided into three relationship duration groups. The first group consisted of individuals who had been in a relationship for ten years or less (mean of 4.32 years,  $n = 14$ ). The second group was comprised of those who had been in a relationship for 11- 19 years (mean of 17.71 years,  $n = 18$ ), and the third

group was made up of those in relationships lasting 20 years or more (mean of 28.01 years,  $n=28$ ). A MANOVA was conducted using the participants' scores on the PAIR, the Love Scale, and the PAS. Mean scores on the intimacy variables used in this MANOVA for men and women in each group can be found in Table 2. All assumptions for MANOVA (normality, homogeneity of variance-covariance matrices, linearity, and multicollinearity) were met. The results indicated that there were no sex differences on intimacy in any of the groups (see Appendix N).

To test for sex differences on sexual satisfaction and functioning, a second MANOVA was conducted. Mean scores for men, women, and the total sample on the sexual variables used in this MANOVA can be found in Table 3. Again, all assumptions were met. A significant multivariate effect was found ( $F(1,58) = 9.37, p < .001$ ; see Appendix O for MANOVA summary table). Post-hoc univariate statistics (ANOVA) were carried out to follow up multivariate significance. A significant effect was found for the GRISS total score ( $F(1,58) = 21.72, p < .001$ ; see Appendix O). The men scored higher on this variable, suggesting that they had more sexual problems than the women.

### III. The Relationship Between Intimacy and Marital Satisfaction

#### A. Preliminary Analyses

In order to test the hypothesis that all types of intimacy would be positively related to marital happiness, Pearson correlations between the intimacy scales and the MAS were computed. Correlation coefficients were obtained for the entire sample, and

Table 2

Means and Standard Deviations on Intimacy Measures Used in MANOVA

Variable	Group											
	Short Duration				Medium Duration				Long Duration			
	(n=14)				(n=18)				(n=28)			
	Male		Female		Male		Female		Male		Female	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Love Scale	90.1	8.1	88.6	16.0	87.8	14.3	85.3	12.4	91.1	9.4	83.1	19.3
PAS	63.3	17.9	64.7	16.5	53.3	22.2	58.9	23.0	52.1	20.0	51.6	20.6
Emotional	76.0	19.7	76.0	18.3	68.9	14.2	70.2	15.6	78.8	14.9	66.6	17.2
Intellectual	78.3	16.5	69.6	22.1	64.0	18.5	76.4	15.8	71.1	16.0	66.1	20.2
Recreational	78.8	17.4	81.7	17.3	64.4	17.5	73.8	13.1	74.3	15.3	68.6	17.2
Sexual	81.1	20.4	75.4	16.2	67.1	20.5	72.9	22.0	70.3	16.5	70.0	14.4
Social	54.8	11.5	51.4	11.9	54.7	16.0	65.8	22.0	57.7	11.9	60.3	12.3

Table 3

Means and Standard Deviations on Sexual Measures Used in MANOVA

Variable	Group					
	Males ( <u>n</u> =30)		Females ( <u>n</u> =30)		Total ( <u>n</u> =60)	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
GRISS Total	3.97***	1.61	2.23	1.25	3.10	1.67
Dissatisfaction (GRISS)	2.87	1.81	2.97	1.47	-	-
Sexual (PAIR)	71.87	18.78	72.13	16.89	72.00	17.71

Note. Males' GRISS total score was significantly higher than females' GRISS total score.

\*\*\*  $p < .001$

separately for men and women (see Table 4). In general, most types of intimacy were correlated with marital satisfaction. The pattern of correlations was similar for men and women, however the correlations were stronger for men than women.

#### B. Predictors of Marital Satisfaction

In order to determine which types of intimacy were most strongly related to marital satisfaction, multiple regression analyses were conducted. Hierarchical regressions were used to be able to determine predictors of marital satisfaction while controlling for factors such as social desirability. Due to the fact that strength of the associations between intimacy and marital adjustment was different for men and women, separate regressions were conducted for each sex. The correlations among the various intimacy measures indicated that they were highly intercorrelated (see Appendix P). Therefore, not all intimacy measures could be entered into the same regression. Two regressions predicting marital satisfaction were conducted for each sex.

In the first regression, scales that measured intimate behaviour (doing things together) were used to predict marital satisfaction. In the second regression, scales that measured intimate (affective) experience were used. All assumptions for multiple regression (normality, linearity, homoscedasticity) were met.

The first regression used the males' scores from the PAS, the SDS, and the behavioural subscales of the PAIR (sexual, recreational, social), with the MAS being the dependent variable. The SDS was forced to enter on the first step, and the remaining variables were entered based on statistical intercorrelations among variables (see Appendix Q).

Table 4

Correlations Between PAIR Subscales, PAS, Love Scale, SDS, and Locke-Wallace MaritalAdjustment Scale (MAS) for Total Sample, Men, and Women

MAS	Emot <sup>a</sup>	Soc <sup>b</sup>	Sex <sup>c</sup>	Intel <sup>d</sup>	Recr <sup>e</sup>	Conv <sup>f</sup>	PAS	Love	SDS
Total Sample	.61***	.27*	.56***	.52***	.44***	.55***	.45***	.41***	.41**
Men	.67***	.36*	.66***	.68***	.50**	.61***	.53**	.44**	.53**
Women	.56**	.22	.46*	.38*	.39*	.48**	.39*	.39*	.26

Note. <sup>a</sup> Emotional intimacy; <sup>b</sup> Social intimacy; <sup>c</sup> Sexual intimacy; <sup>d</sup> Intellectual intimacy;

<sup>e</sup> Recreational intimacy; <sup>f</sup> Conventionality

\* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$

The SDS was entered on the first step, in order to control for socially desirable responding. In step two, the sexual, social and recreational subscales of the PAIR, as well as the PAS were entered. Table 5 shows the standardized regression coefficient (Beta), the correlation ( $r$ ) between the independent variables and marital satisfaction, the squared semi-partial correlation coefficient ( $Sr^2$ ), the significance of  $t$ ,  $R^2$ , and adjusted  $R^2$ .

In the first step, the SDS accounted for 28% of the variance, suggesting that the men's scores on the MAS were accounted for, in part, by their tendency to respond in a socially desirable manner. On the second step, only sexual intimacy significantly predicted marital satisfaction ( $R^2 = .60$ ,  $F(5,24)=7.19$ ,  $p < .001$ ) adding 11% of unique variance after controlling for social desirability. At step two, with all the variables in the equation, the  $R^2$  value indicated that 60% of the variance in marital satisfaction could be accounted for by the predictors entered.

The second regression used the males' scores from the subscale of the PAIR measuring intimate experience, the Love Scale, and the SDS, with the MAS being the dependent variable. Again, the SDS was forced to enter first, with the remaining variables being entered based on statistical intercorrelations (see Appendix Q). The intellectual subscale of the PAIR, despite being a measure of intimate experience, was not included in the regression due to its high correlation with the emotional subscale of the PAIR.

As with the first regression, the SDS was entered on the first step. In step two, the emotional subscale of the PAIR and the Love Scale were entered. Table 6 shows the results of this analysis.



Table 5

Hierarchical Regression Using Behavioural Variables to Predict Marital Satisfaction forMales

Variable	Beta	r	$\Delta R^2$	t
<u>Step 1</u>				
SDS	.53	.53	.28	3.31**
$R^2 = .28$ Adj $R^2 = .26$				
$F(1,28)=10.98^{**}$				
<u>Step 2</u>				
Social Intimacy	.24	.36	.05	1.76
Recreational Intimacy	.22	.50	.04	1.48
PAS	.10	.53	.00	.60
Sexual Intimacy	.51	.66	.11	2.56*
$R^2 = .60$ Adj $R^2 = .52$				
$F(5,24)=7.19^{***}$				

\* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$

Table 6

Hierarchical Regression Using Affective Variables to Predict Marital Satisfaction for Males

Variable	<u>Beta</u>	<u>r</u>	<u>Sr<sup>2</sup></u>	<u>t</u>
<u>Step 1</u>				
SDS	.53	.53	.28	3.31**
$R^2 = .28$ Adj $R^2 = .26$				
$F(1,28)=10.98^{**}$				
<u>Step 2</u>				
Emotional Intimacy	.50	.67	.14	2.77*
Love	.24	.44	.05	1.67
$R^2 = .52$ Adj $R^2 = .46$				
$F(3,26)=9.39^{***}$				
* $p < .05$ ; ** $p < .01$ ; *** $p < .001$				

In the first step, the SDS again accounted for 28% of the variance. On the second step, emotional intimacy significantly predicted marital satisfaction ( $R^2 = .52$ ,  $F(3,26) = 9.39$ ,  $p < .001$ ) adding 14% of unique variance after controlling for social desirability. With all the variables in the equation, the  $R^2$  value indicated that 52% of the variance in marital satisfaction could be accounted for by these predictors.

The next regression was conducted using the females' scores from the PAS, SDS, and the behavioural subscales of the PAIR (sexual, recreational) as the independent variables, with the MAS as the dependent variable. Variables were chosen based on statistical intercorrelations among variables (see Appendix R). The social subscale of the PAIR was not entered due to its lack of correlation with the dependent variable.

The SDS was forced to enter on the first step, in order to assess the extent of socially desirable responding. In step two, the sexual and recreational subscales of the PAIR, along with the PAS were entered. Table 7 summarizes the statistics produced from the analysis.

In the first step, the SDS subscale accounted for only 7% of the variance, suggesting that the women's scores on the MAS were likely not accounted for by their tendency to respond in a socially desirable manner. On the second step, only recreational intimacy significantly predicted marital satisfaction ( $R^2 = .37$ ,  $F(4,25) = 3.66$ ,  $p < .05$ ), adding 11% unique variance after controlling for social desirability. At step two, with all the variables in the equation, the  $R^2$  value indicated that 39% of the variance in marital satisfaction could be accounted for by these predictors.

Table 7

Hierarchical Regression Using Behavioural Variables to Predict Marital Satisfaction forFemales

Variable	Beta	r	$\Delta R^2$	t
<u>Step 1</u>				
SDS	.26	.26	.07	1.41
$R^2 = .07$ Adj $R^2 = .03$				
$F(1,28)=1.99$				
<u>Step 2</u>				
Recreational Intimacy	.34	.39	.11	2.10*
PAS	.14	.39	.01	.71
Sexual Intimacy	.33	.46	.07	1.64
$R^2 = .37$ Adj $R^2 = .27$				
$F(4,25)=3.66^*$				
* $p < .05$				

The final regression predicting marital satisfaction used the females' scores from the emotional subscale of the PAIR, the Love Scale, and the SDS. Again, variables were chosen based on statistical intercorrelations among variables (see Appendix R). As with the men, the intellectual subscale of the PAIR, was not included in the regression due to its high correlation with the emotional subscale of the PAIR.

The SDS was forced to enter on the first step. In step two, the emotional subscale of the PAIR and the Love Scale were entered. Table 8 shows the statistics produced.

In the first step, the SDS accounted for 7% of the variance. On the second step, emotional intimacy significantly predicted marital satisfaction ( $R^2 = .34$ ,  $F(3,26)=4.46$ ,  $p=.05$ ) adding 13% of unique variance after controlling for social desirability. At step two, with all the variables in the equation, the  $R^2$  value indicated that 34% of the variance in marital satisfaction could be accounted for by these predictors.

#### IV. The Relationship Between Discrepancies in Intimacy and Marital Satisfaction

To determine the discrepancy between individuals' current level of intimacy and their desired level of intimacy, two PAIR total scores were calculated for each of the 52 participants who completed both parts of the PAIR. The "desired" intimacy score was subtracted from the "perceived" intimacy score to form a discrepancy score. Next, a  $t$ -test was conducted to determine whether or not men and women differed in respect to their discrepancy scores. No significant differences were found (see Table 9). As a result, data for both sexes were pooled. Individuals were then placed into a high (above the mean) or low (below the mean) discrepancy group. A  $t$ -test was conducted to determine whether or not individuals with high discrepancies between perceived and desired intimacy had lower

Table 8

Hierarchical Regression Using Affective Variables to Predict Marital Satisfaction forFemales

<u>Variable</u>	<u>Beta</u>	<u>r</u>	<u>SR<sup>2</sup></u>	<u>t</u>
<u>Step 1</u>				
SDS	.26	.26	.07	1.41
$R^2 = .07$ Adj $R^2 = .03$				
$F(1,28)=1.99$				
<u>Step 2</u>				
Emotional Intimacy	.45	.56	.13	2.30*
Love	.18	.39	.02	1.00
$R^2 = .34$ Adj $R^2 = .26$				
$F(3,26)=4.46^*$				
* $p < .05$				

Table 9

T-test on the Difference Between Male and Female Discrepancy Scores

Variable	<u>Males</u> (n=27)		<u>Females</u> (n=25)		<u>t</u>	<u>df</u>
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>		
Discrepancy	22.94	36.64	17.48	41.74	.50	51

marital satisfaction than those with low discrepancies. No significant differences were found (see Table 10).

#### **V. The Relationship Between Intimacy and Sexuality (as measured by the GRISS)**

In order to test the hypothesis that intimacy would be related to sexual satisfaction, Pearson correlations between the intimacy scales (subscales of the PAIR, PAS, Love Scale) and the Sexual Dissatisfaction subscale of the GRISS were calculated. Correlation coefficients were obtained separately for men and women (see Table 11) due to the fact that the dissatisfaction subscale of the GRISS differs for men and women. Emotional, intellectual, and sexual intimacy were significantly negatively correlated with sexual dissatisfaction for males. For females, sexual and physical intimacy were significantly negatively correlated with dissatisfaction.

In order to explore the possibility that intimacy may be related to sexual functioning, Pearson correlations between the intimacy scales (subscales of the PAIR, PAS, Love Scale) and the total score of the GRISS were calculated. Correlation coefficients were obtained separately for men and women (see Table 12) due to the fact that the GRISS has different versions for men and women. For males, sexual and physical intimacy were significantly negatively correlated with sexual functioning. For females, emotional and sexual intimacy were significantly negatively correlated with sexual functioning.



Table 10

T-test on the Difference Between High and Low Discrepancy Groups on Marital Satisfaction

Variable	<u>High</u> (n=18)		<u>Low</u> (n=34)		<u>t</u>	<u>df</u>
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>		
MAS	112.11	10.06	121.70	9.68	-3.31	51

Table 11

Correlations Between PAIR Subscales, PAS, Love Scale, and Sexual DissatisfactionSubscale (DISM and DISF) of the GRISS-M and GRISS-F

GRISS	Emot	Soc	Sex	Intel	Recr	Conv	PAS	Love
DISM (male)	-.44*	-.29	-.60***	-.40*	-.25	-.36	-.20	-.30
DISF (female)	-.21	.30	-.40*	-.08	.27	-.20	-.46*	.07

\* $p < .05$ , \*\*\* $p < .001$

Table 12

Correlations Between PAIR Subscales, PAS, Love Scale, and GRISS-M and GRISS-F Total

Score

	Emot	Soc	Sex	Intel	Recr	Conv	PAS	Love
GRISS-M	-.28	-.18	-.42*	-.25	-.08	-.44*	-.36*	-.03
GRISS-F	-.38*	-.00	-.65***	-.30	-.28	-.31	-.32	-.02

\* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$

## Discussion

The primary purpose of the present study was to shed light on the relationship between intimacy and marital satisfaction and sexuality. As hypothesized, there were no sex differences in overall intimacy levels. Also, no sex differences were found in those individuals with shorter relationship durations. A sex difference was found with respect to sexual functioning, but not for sexual satisfaction. As expected, intimacy was correlated with marital satisfaction. Also, some types of intimacy were more strongly related to marital satisfaction, and differentially related for men and women. The hypothesis that individuals with high discrepancies between perceived and desired levels of intimacy would have lower marital satisfaction than those with low discrepancies was not confirmed. The expectation that intimacy would be related to sexuality was only partially confirmed.

An attempt will now be made to relate the findings to past research and theory, and to consider the implications of this study.

### Sex Differences

Men and women, regardless of relationship duration, did not differ on overall intimacy levels. According to Merves-Okin, Amidon, and Bernt, (1991) the longer the duration of a satisfying and secure relationship, the more the partners begin to perceive their experience of intimacy in the same way. All of the couples in the present study reported being satisfied in their marriages, and most had been married for several years. In fact, more than half of the sample had been married for 20 or more years. However, sex differences were not found even in the shortest relationship duration group (less than

ten years). It is possible, therefore, that the lack of sex differences in overall intimacy levels was the result of the high level of marital satisfaction of the sample. Unfortunately, whether or not sex differences would emerge in those couples with unsatisfying relationships could not be tested.

Another possible explanation for the lack of sex differences may be the way a “shorter” relationship was defined in the present study. Acker and Davis (1992), defined a short relationship as a duration of three years or less. However, only two couples in the present sample had been together for less than three years. It is possible that all couples in this study had been together for sufficient time for any sex differences in intimacy to decrease.

No sex differences in sexual satisfaction emerged, however a sex difference was found with respect to sexual functioning. The men in the present sample were experiencing more sexual difficulties than the women. The possible implications of this finding are discussed in greater detail at a later point.

#### Intimacy and Marital Satisfaction

The correlation matrix confirmed the expectation that intimacy would be associated with marital satisfaction. This proved to be the case with each dimension (emotional, intellectual, sexual, social, recreational, physical, love) of intimacy examined in this study. For men, emotional, sexual, and intellectual intimacy were most highly correlated with marital satisfaction. For women, sexual and emotional intimacy were the most highly correlated with marital satisfaction. The magnitude of the correlations between intimacy and marital satisfaction was higher for men than women in all cases.

This suggests that the relationship between intimacy and marital satisfaction may be stronger for men than for women.

Although men and women in this study had equivalent and high levels of intimacy overall, specific intimacy dimensions proved to be differentially predictive of marital satisfaction for women and men. Emotional intimacy (the ability to share feelings and to be understood) and recreational intimacy (mutual involvement in any leisure activity) significantly predicted marital satisfaction for women. For men, sexual intimacy (the experience of sexual activity and closeness), and emotional intimacy were the most important predictors of marital satisfaction. The results are similar to those of Tolstedt and Stokes (1983) and Schaefer and Olson, (1981), in that emotional intimacy was an important predictor of marital satisfaction for both sexes. The comparability of the results, despite the fact that the present sample was considerably older, suggests that the predictive ability of emotional intimacy may be generalizable to different populations.

Interestingly, sexual intimacy was also an important predictor of men's experience of marital satisfaction. Although some research on intimacy and marital satisfaction has found sexual intimacy to play a less important role in marital satisfaction (Tolstedt & Stokes), other research has suggested that the two are linked for both men and women (Barnett & Neitzel, 1979; Perlman & Abramson, 1982). The results of the present study suggest that sexual interaction is an important component of men's, but not women's, marital happiness.

Recreational intimacy seemed to play a role in women's, but not men's marital happiness. This may suggest that while men prefer to engage in sexual activities, women

enjoy engaging in recreational activities as a means of feeling close to their partner. This finding appears to be related to previous research which suggests that women use non-sexual means as a way of feeling close to their partners, and only after feeling close do women engage in sexual activity (Rampage, 1994).

The finding that different types of intimacy are important to men's and women's marital satisfaction has implications for marital therapy. Perhaps helping men to become more satisfied with their marriages would involve focusing, in part, on the sexual component, whereas for women, part of therapy should be focused on the recreational activities engaged in by the couple. Clinicians should also be aware that emotional intimacy is an important component of marital satisfaction for both men and women. Helping both partners feel loved and understood by each other may be a major issue in therapy with maritally dissatisfied couples.

#### Discrepancies in Perceived and Desired Intimacy and Marital Satisfaction

In this study, individuals with high discrepancies between the amount of intimacy they desired and the amount they received were as satisfied with their marriages as those with low discrepancies. This is contrary to previous research which has suggested that individuals with high discrepancies have lower marital satisfaction than those individuals with low discrepancies (Sternberg & Barnes, 1985). One possible reason for this finding is that the definition of intimacy used by Sternberg & Barnes differed in several ways from that of the present study. Sternberg and Barnes' definition focused on a single affective component of intimacy. Their definition was restricted to feelings of love and togetherness. The definition employed in this study included several affective and

behavioural components. It may be that discrepancies in intimate experience are more damaging to marital satisfaction than discrepancies in intimate behaviour. For example, feeling unloved by one's partner may negatively affect marital satisfaction more than not engaging in activities with that partner. Another important difference between the two studies was that individuals in Sternberg and Barnes' study were much younger than those in the current sample, and most had only been together for a short period of time. Perhaps individuals in long term relationships develop alternative sources of satisfaction to compensate for less than desired levels of intimacy in their marriage. For instance, they may seek certain types of intimacy (i.e., recreational, intellectual) from close friends rather than from their partner.

#### Intimacy and Sexual Satisfaction

Based on previous research (i.e., Patton & Waring, 1981; Fortin & Theriault, 1995), it was expected that various types of intimacy would be correlated with sexual satisfaction. In the present study, emotional, sexual, and intellectual intimacy (the experience of sharing ideas or talking about current events) were correlated with sexual satisfaction for men, while, for women, the only types of intimacy related to sexual satisfaction were sexual and physical (non-sexual touching).

The pattern of correlations obtained in the present study differ from that of Patton and Waring (1985) who found that women's sexual satisfaction was correlated with dimensions of intimacy (i.e. expressiveness, cohesion, affection) other than sexuality, and that men's sexual satisfaction was correlated only with sexual intimacy.

The different results found in the present study are not surprising in view of the



many methodological differences between this study and Patton and Waring's (1985). Patton and Waring did not use the PAIR as their measure of intimacy, nor did they use a standardized measure comparable to the GRISS as their measure of sexual satisfaction.

### Intimacy and Sexual Functioning

It was hypothesized that intimacy may be related to sexual functioning. Of all of the types of intimacy, only lower sexual and emotional intimacy were correlated with poorer sexual functioning in women. For men, only sexual and physical intimacy appeared to be related to sexual functioning. As mentioned earlier, the men were experiencing more difficulties with sexual functioning than the women. Based on their GRISS total score, over one third of the men in the present study appeared to be having slight difficulties in some area of sexual functioning. The GRISS total score encompasses a variety of behaviours and interactions (i.e. specific sexual dysfunctions, sexual non-communication, infrequency of sexual activity) which are thought to index overall sexual functioning (Rust & Golombok, 1985). In the present study, problems in sexual functioning were not divided into specific areas. Although many types of intimacy did not correlate with overall sexual functioning for men, perhaps they would be related to specific difficulties with sexual functioning (i.e., erectile disorder, lack of sexual communication).

### Strengths and Limitations of the Present Study

The present study provided information on intimacy, marital satisfaction, and sexuality in an older community sample. Unlike many previous studies, the definition of intimacy was carefully operationalized. The conceptualization of intimacy used in this

study incorporated many past definitions and included both an affective and behavioural component. As a result, the current definition is more comprehensive and, therefore, more informative than previous ones.

Another strength of the study was its use of a relatively homogeneous sample of older individuals. Previous studies have often used college students and individuals 60 years and older in the same sample, thereby overshadowing results which are unique to an older population.

The results of the present study point to the importance of including a measure of response style. In each regression analysis conducted, a portion of the variance was accounted for by a measure of sexual defensiveness. However it must be emphasized that other variables significantly contributed to the prediction of marital adjustment after controlling for response style.

Certain limitations of the present study should be noted. The first limitation was the relatively small sample size. This limited the statistical analyses which could be carried out. Also, the small sample size may call into question the reliability of the results obtained. In order to determine whether the results of the present study are replicable, future research will need to be conducted using a larger sample.

The questionable internal consistencies of the subscales of the PAIR were also of concern. The validation of the PAIR was conducted on a younger sample than the one in the present study, and may not be applicable to an older sample. Despite the lack of internal consistency, the groups of items on each subscale of the PAIR did provide meaningful information as indicated by their correlations with marital and sexual

satisfaction and sexual functioning, as well as their predictive ability. However, on the basis of the findings of the present study, labeling each subscale as measuring a particular type of intimacy may be premature.

In addition, it must be kept in mind that French and English speaking participants were both included in the sample, with the majority being French. Potential differences in intimacy (amount of, or type expressed in the relationship) may exist between these populations, however these were not testable due to the small number of English speaking participants. Also, the use of French participants made it necessary to translate many previously untranslated questionnaires. Although every effort was undertaken to ensure equivalence between English and French versions of the questionnaires, the psychometric properties of the French versions remain unknown.

#### Implications for Future Research

The poor internal consistencies of the PAIR subscales raises questions as to whether intimacy in older individuals may be divided into the same types as in younger individuals. Perhaps intimacy is a more global concept, encompassing all dimensions, in older individuals. Future research should conduct a factor analysis of the PAIR using a sample of older individuals.

The definition of intimacy used in the present study was based on the conceptualization of Prager (1995). However the present study did not attempt to test the merits of separating intimacy into intimate behaviours and experiences. The small sample size made it impossible to conduct a factor analysis of the PAIR, PAS and Love Scale, the three questionnaires combined to measure intimacy. If Prager's

conceptualization of intimacy is accurate, one would expect the items measuring intimate behaviour to form one factor, and items measuring intimate experience to form another factor. Future research on the subject of intimacy should attempt to provide empirical support for Prager's definition.

Future studies should also include a sample of maritally dissatisfied individuals. The experience of intimacy may be different for people in unsatisfactory relationships. Sex differences may also become more pronounced, and discrepancies in intimacy may become a more important issue.

Further research should also be conducted on the relationship between intimacy and sexuality. Although many dimensions of intimacy did not correlate with sexual satisfaction or functioning, intimacy may be related to particular sexual dysfunctions.

#### Summary

Based on the results of the present study, intimacy appears to be a significant contributor to marital satisfaction. However, not all dimensions of intimacy seem to predict whether or not a relationship is satisfactory. For men and women, having an emotional bond with the partner plays an important role in making a relationship fulfilling. As well, sexual intimacy seems to be an integral part of a man's satisfaction with his marriage, whereas recreational intimacy is an important predictor of women's satisfaction. Some dimensions of intimacy do appear to be related to sexuality, however the results of this study were limited to correlations. Further research should attempt to look further into the relationship between intimacy and sexuality to determine whether dimensions of intimacy would predict sexual functioning or satisfaction.

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**APPENDIX A**  
**Information Sheet**

## STUDY OF SEXUALITY AND RELATIONSHIPS IN MATURE COUPLES

The *Sexuality and Reproductive Health Lab* directed by Dr. William Brender, Department of Psychology, Concordia University, and Psychology Division, Jewish General Hospital, is currently conducting a study on the sexual and couple functioning of individuals between the ages of 40 and 70 years. We are seeking information on factors which influence the quality of the sexual and marital relationship of mature couples. As people mature, their sex lives may become enriched, or they may encounter difficulties. For example, men may experience changes in erectile capacity and women in their sexual arousal. The information that you provide will contribute to our knowledge of the sexual adaptation of couples in your age group and enable us to better meet the needs of those with sexual difficulties.

**We are seeking men and women between the ages of 40 and 70 (relationship duration of at least one year) who are generally in good health.**

### **Participation in the study would involve:**

- Completing a variety of questionnaires dealing with your relationship, sexual behavior, mood, and emotional well-being. The questionnaires should take no longer than one hour to complete. The questionnaires will be mailed to you and can be returned by mail once completed.
- Completing a brief questionnaire (3-5 minutes) after you and your partner make love. This questionnaire inquires about aspects of the sexual encounter. This questionnaire can also be returned by mail.
- Collaboration of both partners, if possible.

**The duration of participation in this study would be approximately 1-2 months.**

Our lab has been conducting sex research for many years and we can assure you that the information you provide will be held in the strictest confidence.

For more information about the study, please telephone **Julie Larouche** or **Jennifer Volsky** at (514) 848-7567, send an e-mail to **LAJULIE@VAX2.CONCORDIA.CA**.

*(Français au Verso)*

## ÉTUDE SUR LA SEXUALITÉ DES COUPLES MATURES

Le *Laboratoire de Sexualité et de Santé Reproductive*, sous la direction du Dr. William Brender, département de psychologie, université Concordia et unité de psychologie, Hôpital Général Juif réalise présentement une étude sur le fonctionnement sexuel de couples âgés entre 40-69 ans. Nous désirons obtenir de l'information sur les facteurs qui influencent la qualité de la relation sexuelle des couples matures. En vieillissant, la vie sexuelle peut soit s'enrichir ou faire face à certaines difficultés. Pour les hommes, certains peuvent éprouver des changements dans leurs érections, et pour les femmes, ces changements s'opèrent au niveau de l'excitation sexuelle. Les renseignements que vous nous fourniriez pourraient contribuer à élargir nos connaissances sur l'adaptation sexuelle des couples dans votre groupe d'âge ainsi qu'à répondre aux besoins de ceux éprouvant des difficultés sexuelles.

**Nous recherchons hommes et femmes en bonne santé et âgés entre 40 et 69 ans (en couple depuis au moins un an).**

**Votre participation à cette étude comprendrait:**

- Remplir des questionnaires qui portent sur la relation de couple, les comportements sexuels, l'humeur et le bien-être. Ces questionnaires devraient prendre moins de 60 minutes à compléter. Nous vous ferons parvenir les questionnaires par la poste et une fois ceux-ci complétés, ils nous seront retournés par la poste.
- Compléter un questionnaire très bref (3-5 minutes) après chaque rapport sexuel. Ce questionnaire porte sur plusieurs aspects de la rencontre.
- La participation et collaboration des deux conjoints.

**La durée de votre participation à l'étude sera d'environ un à deux mois.**

Les membres de notre laboratoire sont chevronnés dans la recherche sur la sexualité et nous pouvons vous assurer que toute information sera traitée dans la plus grande confidentialité.

Pour plus d'informations concernant cette étude, veuillez contacter **Julie Larouche** au 848-7567 ou par courrier électronique à **LAJULIE@VAX2.CONCORDIA.CA**.

APPENDIX B

Informed Consent Sheet

## STUDY OF SEXUALITY IN MATURE COUPLES

This project is being conducted by W. Brender, Ph.D., director of the Sexuality and Reproductive Health Lab, in collaboration with J. Larouche, M.Ps. (Ph.D. candidate ), Jennifer Volsky (M.A. Candidate), and Patrizia Montecalvo, Department of Psychology, Concordia University.

### Consent Form

The aim of this study is to gain an understanding of factors which influence the quality of the sexual relationships of mature couples. As people mature, their sex lives may become enriched, or they may encounter difficulties. Men may experience changes in erectile capacity and women in their sexual arousal. The information that you provide will contribute to our knowledge of the couple and sexual adaptation of individuals in your age group and enable us to better meet the needs of those who may have difficulties.

#### Participation in this study would involve:

1. Completing questionnaires. The questionnaires deal with sexual behavior, your marital relationship, intimacy, stress, and mood. You will be required to complete a brief questionnaire after every occurrence of lovemaking. The period of participation in the study will be approximately one to two months.
2. Partner involvement. She/he is asked to complete several questionnaires assessing sexual and relationship functioning.
3. All the information that you give us will be kept confidential.

The names of the team members who you may contact at Concordia University are Julie Larouche, Jennifer Volsky or Patrizia Montecalvo. Their phone number is 848-7567.

The project team members wish to emphasize that you are free to ask questions about the procedures of this study at any time. If for any reason you are uncomfortable or worried about taking part in this study, you can discuss this with the head of the project, Dr. William Brender, at 848-7535. You can ask for advice or you can stop participating in the study.

Check here if you are interested in receiving written information about the study following its completion. If you are interested in receiving written information please provide your name and address on the reverse. Please check the appropriate box.

- ☐ YES, I wish to receive information  
☐ NO, I do not wish to receive information.

I agree to take part in this study conducted by Dr. William Brender, Julie Larouche, M.Ps., Jennifer Volsky and Patrizia Montecalvo.

Date: \_\_\_\_\_  
Participant

Sign: \_\_\_\_\_

Date: \_\_\_\_\_  
Partner

Sign: \_\_\_\_\_



## APPENDIX C

## Demographic Information Sheet

Background Information

Date:

Name:

Partner's Name:

Address:

Telephone # (home):

Telephone # male (work):

Telephone # female (work):

Marital Status:	<input type="checkbox"/>	Married	<input type="checkbox"/>	Cohabiting	<input type="checkbox"/>	Divorced
	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Partnered but not cohabiting

How long have you been married or have you been with your current partner?

\_\_\_\_\_

Do you have any children? ☐ No ☐ Yes

If yes, specify #: \_\_\_\_\_

What was your combined annual income last year?

<input type="checkbox"/> 1-10,000	<input type="checkbox"/> 21-30,000	<input type="checkbox"/> 41-50,000	<input type="checkbox"/> 61-70,000	<input type="checkbox"/> 81-90,000	<input type="checkbox"/> 100-150,000
<input type="checkbox"/> 11-20,000	<input type="checkbox"/> 31-40,000	<input type="checkbox"/> 51-60,000	<input type="checkbox"/> 71-80,000	<input type="checkbox"/> 91-100,000	<input type="checkbox"/> 150,000 +

## APPENDIX D

### Background Information Questionnaire

**Background Information**

1. How old are you? \_\_\_\_\_
2. What would you say your cultural background is? \_\_\_\_\_
3. What is your religion?    ☐ Catholic    ☐ Protestant    ☐ Jewish  
    ☐ Orthodox    ☐ Other (specify) \_\_\_\_\_
4. What is your current occupation?  
   \_\_\_\_\_  
   If retired, specify previous occupation  
   \_\_\_\_\_
5. How many hours a week do you work? \_\_\_\_\_
6. How many years of schooling have you completed? (# years, if don't know check below) \_\_\_\_\_  
☐ Grade School    ☐ High School    ☐ College  
☐ Undergraduate U.    ☐ Graduate U.

**Medical Information**

1. How tall are you? \_\_\_\_\_
2. How much do you weigh? \_\_\_\_\_
3. Have you suffered from or are you currently suffering from a major health problem?  
☐ NO    ☐ YES

Specify:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Heart Disease       | <input type="checkbox"/> Lung Disease           | <input type="checkbox"/> Hypertension     | <input type="checkbox"/> Migraines          |
| <input type="checkbox"/> Kidney Disease      | <input type="checkbox"/> Cancer, specify _____  | <input type="checkbox"/> Obesity          | <input type="checkbox"/> Ulcers             |
| <input type="checkbox"/> Liver Disease       | <input type="checkbox"/> Prostate Problems      | <input type="checkbox"/> Stroke           | <input type="checkbox"/> Arthritis          |
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> STD's                  | <input type="checkbox"/> Collagen Disease | <input type="checkbox"/> Neurological Probs |
| <input type="checkbox"/> Gynecological Probs | <input type="checkbox"/> Endocrinological Probs | <input type="checkbox"/> GTI Problems     | <input type="checkbox"/> Surgery            |
| <input type="checkbox"/> Other _____         |   |   |   |

4. Are you currently taking any prescription medication?    ☐ NO    ☐ YES

Specify: \_\_\_\_\_

For what condition? \_\_\_\_\_

5. Are you currently taking any non-prescription medication? ☐ NO ☐ YES

Specify: \_\_\_\_\_

For what condition? \_\_\_\_\_

6. When did you last see your physician for a general checkup?

\_\_\_\_\_

7. Are you currently consulting a mental health professional for any emotional problems or difficulties that you may be going through? ☐ NO ☐ YES

8. If YES, what is the duration of the consultation? \_\_\_\_\_

9. What is the nature of the problem you are currently seeking help for?

\_\_\_\_\_

10. At any point in the past did you consult a mental health professional for any emotional problems or difficulties that you were going through?

☐ NO ☐ YES

11. What was the nature of the problem you sought help for?

\_\_\_\_\_

12. If YES, how long ago was this? \_\_\_\_\_

### **Lifestyle Behaviours**

1. Do you smoke? ☐ NO ☐ YES

If yes, how many cigarettes do you smoke per day? \_\_\_\_\_

2. Do you drink alcohol? ☐ NO ☐ YES

If yes, specify how frequently i.e. # of drinks per week or per month \_\_\_\_\_

3. Do you drink coffee/tea? ☐ NO ☐ YES

Specify:

\_\_\_\_\_ Coffee          Cups per day \_\_\_\_\_

\_\_\_\_\_ Tea                Cups per day \_\_\_\_\_

4. What forms of physical activity do you presently engage in? \_\_\_\_\_

How frequently do you exercise? (frequency and duration) \_\_\_\_\_

## Current Sexual Behaviour

### Frequency

1. How frequently, if at all, are you having sexual intercourse with your partner (Specify # of times per week, month or year)?

---

2. If you are not currently engaging in sexual intercourse, when was the last time that you did (i.e. how long ago did you last have sexual intercourse)?

---

3. How frequently, if at all, are you engaging in other sexual activity (Specify # of times per week, month or year)

---

4. If you are not currently engaging in any sexual activity, when was the last time that you did (i.e. how long ago did you last engage in any sexual activity)?

---

5. To what extent have you and your partner experienced conflict over frequency of lovemaking?

Not at all		Somewhat		Very
1	2	3	4	5

### Satisfaction

1. In general, how satisfied are you with sexual activity with your spouse?

Not at all		Somewhat		Very
1	2	3	4	5

2. How does this compare to your satisfaction in the past?

Much lower		Same		Much higher
1	2	3	4	5

3. How important is a sexual relationship to you?

Not at all		Somewhat		Very
1	2	3	4	5

### Ways to reach orgasm

1. Over the course of their relationship, some couples come to rely on one way to reach orgasm which pleases them. Others have various ways of reaching orgasm that they enjoy with their partners. With respect to your sexual relationship, do you rely on one or several ways to reach orgasm?

- a] Note the number of ways in which orgasm is reached \_\_\_\_\_  
 b] Form of activity (oral, manual, intercourse, other) \_\_\_\_\_

2. How enjoyable/acceptable/comfortable are these forms for you? (Only ask about forms by which orgasm is reached)

#### ORAL

Not at all		Somewhat		Very
1	2	3	4	5

#### MANUAL

Not at all		Somewhat		Very
1	2	3	4	5

#### INTERCOURSE

Not at all		Somewhat		Very
1	2	3	4	5

#### OTHER

Not at all		Somewhat		Very
1	2	3	4	5

### Communication

1. To what extent have you and your partner discussed your erectile and/or sexual difficulties? [ ] NA

Not at all		Somewhat		Extensively
1	2	3	4	5

2. Over the course of your relationship, to what extent have you and your partner been able to discuss your sexual activities together?

Not at all		Somewhat		Extensively
1	2	3	4	5

3. How comfortable are you asking your partner to engage in a particular sexual act with you?

Not at all		Somewhat		Extensively
1	2	3	4	5

4. How comfortable are you refusing a request to engage in sex by your partner?

Almost		Sometimes		Hardly
Always				ever
1	2	3	4	5

5. How often can your partner refuse your sexual request without offending you?

Almost		Sometimes		Hardly
Always				ever
1	2	3	4	5

6. Are there some aspects of your sexual experiences together that you feel uncomfortable discussing with your partner?

None at		Some		Several
all				
1	2	3	4	5

## APPENDIX E

## SDS-M

INSTRUCTIONS: For each of the items circle: "T" if you think the statement is true  
"F" if you think the statement is false

	<u>TRUE</u>	<u>FALSE</u>
1. I think I am much sexier than most people.	T	F
2. My spouse and I never feel unhappy about how often we have sex together.	T	F
3. I sometimes push my mate to have sex more often than he/she wants to.	T	F
4. I never feel resentful when my spouse turns me down for sex.	T	F
5. I do not always initiate sex when I would like to.	T	F
6. My spouse always knows exactly what I would like him/her to do when we are making love.	T	F
7. My spouse always does the things I like during sex.	T	F
8. Our sex life seems a little routine and dull to me.	T	F
9. I always satisfy my spouse sexually.	T	F
10. I have always been satisfied with how often my spouse and I have sex.	T	F
11. I must admit that sometimes I am not considerate of my mate when we make love.	T	F
12. I have never felt that my spouse lacks anything as a lover.	T	F
13. Sex always lasts as long as I would like it to.	T	F
14. My spouse and I are never too busy to have sex.	T	F
15. Every now and then my spouse does not please me sexually.	T	F
16. Intercourse is always more enjoyable for me than other sexual activities.	T	F



## APPENDIX F

## SDS-F

INSTRUCTIONS: For each of the items circle: "T" if you think the statement is true  
 "F" if you think the statement is false

	<u>TRUE</u>	<u>FALSE</u>
1. Sometimes I dislike my body.	T	F
2. Occasionally I feel sexual intercourse is tedious.	T	F
3. My spouse and I never feel unhappy about how often we have sex together.	T	F
4. I do not always initiate sex when I would like to.	T	F
5. My spouse always knows exactly what I would like him/her to do when we are making love.	T	F
6. My spouse always does the things I like during sex.	T	F
7. Our sex life seems a little routine and dull to me at times.	T	F
8. I have always been satisfied with how often my spouse and I have sex.	T	F
9. I never turn down my spouse for sex because I am angry with him/her.	T	F
10. Sometimes I just can't seem to get turned on sexually.	T	F
11. I must admit that sometimes I am not considerate of my mate when we make love.	T	F
12. Sex always lasts as long as I would like it to.	T	F
13. My spouse and I are never too busy to have sex.	T	F
14. I have never made an excuse to get out of having sex.	T	F
15. Every now and then my spouse does not please me sexually.	T	F

## APPENDIX G

### Personal Assessment of Intimacy in Relationships (PAIR)

INSTRUCTIONS: We would like to know the extent to which the following statements describe your relationship. In column A, please write the number (0-4) from the following scale which best describes how true each statement is of your relationship AT PRESENT. In column B, write the number which best describes how true each statement is of your relationship AS YOU WOULD LIKE IT TO BE.

0	1	2	3	4		
I-----I-----I-----I-----I						
Not at all true		Somewhat true		Completely true		
					A <u>At present</u>	B <u>As you would like it to be</u>
1. My partner listens to me when I need someone to talk to					_____	_____
2. We enjoy spending time with other couples.					_____	_____
3. I am satisfied with our sex life.					_____	_____
4. My partner helps me clarify my thoughts.					_____	_____
5. We enjoy the same recreational activities.					_____	_____
6. My partner has all the qualities I've ever wanted in a mate.					_____	_____
7. I can state my feelings without him/her getting defensive.					_____	_____
8. We usually "keep to ourselves."					_____	_____
9. I feel our sexual activity is just routine.					_____	_____
10. When it comes to having a serious discussion it seems that we have little in common.					_____	_____
11. I share in very few of my partner's interests.					_____	_____
12. There are times when I do not feel a great deal of love and affection for my partner.					_____	_____
13. I often feel distant from my partner.					_____	_____
14. We have very few friends in common.					_____	_____
15. I am able to tell my partner when I want sexual intercourse.					_____	_____
16. I feel "put-down" in a serious conversation with my partner.					_____	_____
17. We like playing together.					_____	_____
18. Every new thing that I have learned about my partner has pleased me.					_____	_____
19. My partner can really understand my hurts and joys.					_____	_____
20. Having time together with friends is an important part of our shared activities.					_____	_____
21. I "hold back" my sexual interest because my partner makes me feel uncomfortable.					_____	_____
22. I feel it is useless to discuss some things with my partner.					_____	_____
23. We enjoy the out-of-doors together.					_____	_____
24. My partner and I understand each other completely.					_____	_____
25. I feel neglected at times by my partner.					_____	_____
26. Many of my partner's closest friends are also my closest friends.					_____	_____
27. Sexual expression is an essential part of our relationship.					_____	_____
28. My partner frequently tries to change my ideas.					_____	_____
29. We seldom find time to do fun things together.					_____	_____



## APPENDIX H

## Love Scale

INSTRUCTIONS: On the line next to each statement below, please write the number from the following scale which best approximates how much you agree or disagree with the statement.

1	2	3	4	5	6	7	8	9
----- ----- -----			----- ----- -----			----- -----		
Not at all true			Moderately true			Definitely true		
Disagree			Agree to some			Agree		
Completely			extent			Completely		

1. If my partner were feeling bad, my first duty would be to cheer him/her up. \_\_\_\_\_
2. I feel that I can confide in my partner about virtually everything. \_\_\_\_\_
3. I find it easy to ignore my partner's faults. \_\_\_\_\_
4. I would do almost anything for my partner. \_\_\_\_\_
5. I feel very possessive toward my partner. \_\_\_\_\_
6. If I could never be with my partner, I would feel miserable. \_\_\_\_\_
7. If I were lonely, my first thought would be to seek my partner out. \_\_\_\_\_
8. One of my primary concerns is my partner's welfare. \_\_\_\_\_
9. I would forgive my partner for practically anything. \_\_\_\_\_
10. I feel responsible for my partner's well-being. \_\_\_\_\_
11. When I am with my partner, I spend a good deal of time just looking at him/her. \_\_\_\_\_
12. I would greatly enjoy being confided in by my partner. \_\_\_\_\_
13. It would be hard for me to get along without my partner. \_\_\_\_\_

## APPENDIX I

## Physical Affection Scale (PAS)

- Instructions: 1) In column A, write the number (0-7) from the following scale which best approximates how much of each activity you receive from your partner.  
 2) In column B, write the number which best approximates how much of each activity you want to receive from your partner.  
 3) In column C, write the number which best approximates how much of each activity you give to your partner

## SCALE

0      1      2      3      4      5      6      7

I-----I-----I-----I-----I-----I-----I-----I

None

A great deal

	A	B	C
	<u>I receive</u>	<u>I want to receive</u>	<u>I give</u>
1. cuddling	_____	_____	_____
2. holding hands	_____	_____	_____
3. patting part of the body	_____	_____	_____
4. hugging	_____	_____	_____
5. being physically playful	_____	_____	_____
6. kissing	_____	_____	_____
7. stroking part of the body	_____	_____	_____
8. nuzzling	_____	_____	_____
9. sitting on partner's lap, or vice versa	_____	_____	_____
10. massage	_____	_____	_____
11. sitting very close to each other	_____	_____	_____
12. back scratching	_____	_____	_____
13. sitting, lying, or walking with arms around each other	_____	_____	_____
14. breast or genital fondling	_____	_____	_____

## APPENDIX J

### Locke-Wallace Marital Adjustment Scale (MAS)

INSTRUCTIONS: Please reply to each of the questions by circling the appropriate answer. If you cannot give an exact answer to a question, answer the best you can.


1. Have you ever wished you had not married?
  - a. Frequently
  - b. Occasionally
  - c. Rarely
2. If you had your life to live again, would you:
  - a. Marry the same person
  - b. Marry a different person
  - c. Not marry at all
3. How many outside activities do husband and wife engage in together?
  - a. All of them
  - b. Some of them
  - c. Few of them
  - d. None of them
4. In leisure time, which situation do you prefer?
  - a. Both husband/wife to stay home
  - b. Both to be on the go
  - c. One to be on the go and the other to stay home
5. Do you and your mate talk things over together?
  - a. Never
  - b. Now and then
  - c. Almost always
  - d. Always
6. How often do you kiss your mate?
  - a. Every day
  - b. Now and then
  - c. Almost never
7. Check any of the following items which you think have caused serious difficulties in your marriage.
 

<input type="checkbox"/> Mate's attempt to control my spending money	<input type="checkbox"/> Sterility of husband or wife
<input type="checkbox"/> Other difficulties over money	<input type="checkbox"/> Venereal diseases
<input type="checkbox"/> Religious differences	<input type="checkbox"/> Mate became familiar with other
<input type="checkbox"/> Different amusement interests	<input type="checkbox"/> Desertion
<input type="checkbox"/> Lack of mutual friends	<input type="checkbox"/> Non-support
<input type="checkbox"/> Constant bickering	<input type="checkbox"/> Drunkenness
<input type="checkbox"/> Interference of in-laws	<input type="checkbox"/> Gambling
<input type="checkbox"/> Lack of mutual affection	<input type="checkbox"/> Ill health
<input type="checkbox"/> Unsatisfying sexual relations	<input type="checkbox"/> Mate sent to jail
<input type="checkbox"/> Selfishness/ lack of cooperation	<input type="checkbox"/> Other reasons
<input type="checkbox"/> Adultery	<input type="checkbox"/> Desire to have children



8. How many things truly satisfy you about your marriage?
- Nothing
  - One thing
  - Two things
  - Three or more
9. When disagreements arise, they result in:
- Husband giving in
  - Wife giving in
  - Neither giving in
  - Agreement by mutual give and take
10. What is the total number of times you left mate or mate left you due to conflict?
- No time
  - One or more times
11. How frequently do you or your mate get on each other's nerves around the house?
- Never
  - Occasionally
  - Frequently
  - Almost always
  - Always
12. What are your feelings on sex relations between you and your mate?
- Very enjoyable
  - Enjoyable
  - Tolerable
  - Disgusting
13. What are your mate's feelings on sex relations with you?
- Very enjoyable
  - Enjoyable
  - Tolerable
  - Disgusting

Indicate approximate extent of agreement between husband and wife

Check one column for each item below:	1	2	3	4	5	6
14. Handling family finances						
15. Matters of recreation (e.g., going to dance)						
16. Demonstrations of affection (e.g., kissing frequency)						
17. Friends (e.g., dislike of mate's friends)						
18. Intimate relations						
19. Ways of dealing with in-laws						
20. Amount of time that should be spent together						
21. Conventionality (e.g., right, good or proper conduct)						
22. Aims, goals and things believed to be important						
23. Circle the dot which you feel best represents the degree of happiness in your marriage <div style="text-align: center;">  </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Very unhappy</span> <span>Very happy</span> </div>						

## APPENDIX K

## Golombok-Rust Inventory of Sexual Satisfaction- Male (GRISS-M)

INSTRUCTIONS: Each question is followed by a series of possible answers:

N	NEVER
H	HARDLY EVER
O	OCCASIONALLY
U	USUALLY
A	ALWAYS

Read each question carefully and decide which answer best describes the way things have been for you recently; then circle the corresponding letter. PLEASE ANSWER EVERY QUESTION. If you are not completely sure which answer is most appropriate, circle the answer which you feel is most appropriate. Please answer this questionnaire without discussing any of the questions with your partner. In order for us to obtain valid information it is important for you to answer each question as honestly and as accurately

- |     |  |   |   |   |   |   |
|-----|--|---|---|---|---|---|
| 1.  | Do you have sexual intercourse more than twice a week?   | N | H | O | U | A |
| 2.  | Do you find it hard to tell your partner what you like and dislike about your sexual relationship? | N | H | O | U | A |
| 3.  | Do you become easily sexually aroused?   | N | H | O | U | A |
| 4.  | Are you able to delay ejaculation during intercourse if you think you may be "coming" too quickly? | N | H | O | U | A |
| 5.  | Are you dissatisfied with the amount of variety in your sex life with your partner?                | N | H | O | U | A |
| 6.  | Do you dislike stroking and caressing your partner's genitals?                                     | N | H | O | U | A |
| 7.  | Do you become tense and anxious when your partner wants to have sex?                               | N | H | O | U | A |
| 8.  | Do you enjoy having sexual intercourse with your partner?  | N | H | O | U | A |
| 9.  | Do you ask your partner what she likes and dislikes about your sexual relationship?                | N | H | O | U | A |
| 10. | Do you fail to get an erection?  | N | H | O | U | A |
| 11. | Do you feel there is a lack of love and affection in your sexual relationship with your partner?   | N | H | O | U | A |
| 12. | Do you enjoy having your penis stroked and caressed by your partner?                               | N | H | O | U | A |
| 13. | Can you avoid ejaculating too quickly during intercourse?  | N | H | O | U | A |
| 14. | Do you try to avoid having sex with your partner?  | N | H | O | U | A |
| 15. | Do you find your sexual relationship with your partner satisfactory?                               | N | H | O | U | A |
| 16. | Do you get an erection during foreplay with your partner?  | N | H | O | U | A |
| 17. | Are there weeks in which you don't have sex at all?  | N | H | O | U | A |
| 18. | Do you enjoy mutual masturbation with your partner?  | N | H | O | U | A |
| 19. | If you want sex with your partner do you take the initiative?                                      | N | H | O | U | A |
| 20. | Do you dislike being cuddled and caressed by your partner?   | N | H | O | U | A |
| 21. | Do you have sexual intercourse as often as you would like?   | N | H | O | U | A |
| 22. | Do you refuse to have sex with your partner?   | N | H | O | U | A |
| 23. | Do you lose your erection during intercourse?  | N | H | O | U | A |
| 24. | Do you ejaculate without wanting to almost as soon as your penis enters your partner's vagina?     | N | H | O | U | A |
| 25. | Do you enjoy cuddling and caressing your partner's body?   | N | H | O | U | A |
| 26. | Do you feel uninterested in sex?   | N | H | O | U | A |
| 27. | Do you ejaculate by accident just before your penis is about to enter your partner's vagina?       | N | H | O | U | A |
| 28. | Do you have feelings of disgust about what you and your partner do during lovemaking?              | N | H | O | U | A |

## APPENDIX L

## Golombok-Rust Inventory of Sexual Satisfaction- Female (GRISS-F)

INSTRUCTIONS: Each question is followed by a series of possible answers:

N NEVER  
H HARDLY EVER  
O OCCASIONALLY  
U USUALLY  
A ALWAYS

Read each question carefully and decide which answer best describes the way things have been for you recently; then circle the corresponding letter. PLEASE ANSWER EVERY QUESTION. If you are not completely sure which answer is most appropriate, circle the answer which you feel is most appropriate. Please answer this questionnaire without discussing any of the questions with your partner. In order for us to obtain valid information it is important for you to answer each question as honestly and as accurately as possible.

- |     |  |   |   |   |   |   |
|-----|--|---|---|---|---|---|
| 1.  | Do you feel uninterested in sex?   | N | H | O | U | A |
| 2.  | Do you ask your partner what he likes or dislikes about your sexual relationship?                  | N | H | O | U | A |
| 3.  | Are there weeks in which you don't have sex at all?  | N | H | O | U | A |
| 4.  | Do you become easily sexually aroused?   | N | H | O | U | A |
| 5.  | Are you satisfied by the amount of time you and your partner spend on foreplay?                    | N | H | O | U | A |
| 6.  | Do you find that your vagina is so tight that your partner's penis cannot enter it?                | N | H | O | U | A |
| 7.  | Do you try to avoid having sex with your partner?  | N | H | O | U | A |
| 8.  | Are you able to experience an orgasm with your partner?  | N | H | O | U | A |
| 9.  | Do you enjoy cuddling and caressing your partner's body?   | N | H | O | U | A |
| 10. | Do you find your sexual relationship with your partner satisfactory?                               | N | H | O | U | A |
| 11. | Is it possible to insert your finger in your vagina without discomfort?                            | N | H | O | U | A |
| 12. | Do you dislike stroking and caressing your partner's penis?  | N | H | O | U | A |
| 13. | Do you become tense and anxious when your partner wants to have sex?                               | N | H | O | U | A |
| 14. | Do you find it impossible to have an orgasm?   | N | H | O | U | A |
| 15. | Do you have sexual intercourse more than twice a week?   | N | H | O | U | A |
| 16. | Do you find it hard to tell your partner what you like and dislike about your sexual relationship? | N | H | O | U | A |
| 17. | Is it possible for you partner's penis to enter your vagina without discomfort?                    | N | H | O | U | A |
| 18. | Do you feel there is a lack of love and affection in your sexual relationship with your partner?   | N | H | O | U | A |
| 19. | Do you enjoy having your genitals stroked and caressed by your partner?                            | N | H | O | U | A |
| 20. | Do you refuse to have sex with your partner?   | N | H | O | U | A |
| 21. | Can you reach orgasm when your partner stimulates your clitoris during foreplay?                   | N | H | O | U | A |
| 22. | Do you feel dissatisfied with the amount of time your partner spends on intercourse itself?        | N | H | O | U | A |
| 23. | Do you have feelings of disgust about what you do during lovemaking?                               | N | H | O | U | A |
| 24. | Do you find that your vagina is rather tight so that you partner's penis can't penetrate very far? | N | H | O | U | A |
| 25. | Do you dislike being cuddled and caressed by your partner?   | N | H | O | U | A |
| 26. | Does your vagina become moist during lovemaking?   | N | H | O | U | A |
| 27. | Do you enjoy having sexual intercourse with your partner?  | N | H | O | U | A |
| 28. | Do you fail to reach orgasm during intercourse?  | N | H | O | U | A |

## APPENDIX M

### Brief Symptom Inventory (BSI)

Instructions: Below is a list of problems that people sometimes have. Please read each one carefully and circle the number (0-4) that best describes HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU IN THE PAST 7 DAYS INCLUDING TODAY. Circle one number for each problem, and do not skip any items.

HOW MUCH WERE YOU DISTRESSED BY:					
	0	1	2	3	4
1. Nervousness or shakiness inside	0	1	2	3	4
2. Faintness or dizziness	0	1	2	3	4
3. The idea that someone else can control your thoughts	0	1	2	3	4
4. Feeling others are to blame for most of your troubles	0	1	2	3	4
5. Trouble remembering things	0	1	2	3	4
6. Feeling easily annoyed or irritated	0	1	2	3	4
7. Pains in heart or chest	0	1	2	3	4
8. Feeling afraid in open spaces or on the streets	0	1	2	3	4
9. Thoughts of ending your life	0	1	2	3	4
10. Feeling that most people cannot be trusted	0	1	2	3	4
11. Poor appetite	0	1	2	3	4
12. Suddenly scared for no reason	0	1	2	3	4
13. Temper outbursts that you could not control	0	1	2	3	4
14. Feeling lonely even when you are with people	0	1	2	3	4
15. Feeling blocked in getting things done	0	1	2	3	4
16. Feeling lonely	0	1	2	3	4
17. Feeling blue	0	1	2	3	4
18. Feeling no interest in things	0	1	2	3	4
19. Feeling tearful	0	1	2	3	4
20. Your feelings being easily hurt	0	1	2	3	4
21. Feeling that other people are unfriendly or dislike you	0	1	2	3	4
22. Feeling inferior to others	0	1	2	3	4
23. Nausea or upset stomach	0	1	2	3	4
24. Feeling that you are watched or talked about by others	0	1	2	3	4
25. Trouble falling asleep	0	1	2	3	4
26. Having to check and double-check what you do	0	1	2	3	4
27. Difficulty making decisions	0	1	2	3	4
28. Feeling afraid to travel on buses, subways, or trains	0	1	2	3	4
29. Trouble getting your breath	0	1	2	3	4
30. Hot or cold spells	0	1	2	3	4
31. Having to avoid certain things, places, or activities because they frighten you	0	1	2	3	4
32. Your mind going blank	0	1	2	3	4
33. Numbness or tingling in parts of your body	0	1	2	3	4

34. The idea that you should be punished for your sins	0	1	2	3	4
35. Feeling hopeless about the future	0	1	2	3	4
36. Trouble concentrating	0	1	2	3	4
37. Feeling weak in parts of your body	0	1	2	3	4
38. Feeling tense or keyed up	0	1	2	3	4
39. Thoughts of death or dying	0	1	2	3	4
40. Having urges to beat, injure, or harm someone	0	1	2	3	4
41. Having urges to break or smash things	0	1	2	3	4
42. Feeling very self-conscious with others	0	1	2	3	4
43. Feeling uneasy in crowds, such as shopping or at a movie	0	1	2	3	4
44. Never feeling close to another person	0	1	2	3	4
45. Spells of terror or panic	0	1	2	3	4
46. Getting into frequent arguments	0	1	2	3	4
47. Feeling nervous when you are left alone	0	1	2	3	4
48. Others not giving you proper credit for your achievements	0	1	2	3	4
49. Feeling so restless you couldn't sit still	0	1	2	3	4
50. Feelings of worthlessness	0	1	2	3	4
51. Feeling that people will take advantage of you if you let them	0	1	2	3	4
52. Feelings of guilt	0	1	2	3	4
53. The idea that something is wrong with your mind	0	1	2	3	4

## APPENDIX N

## Summary Statistics for Sex Differences by Relationship Duration MANOVA

Effect	<u>Pillais</u>	<u>F</u>	Hypothesis <u>df</u>	Error <u>df</u>	<u>p</u>
Gender x Duration	.07	.66	6	106	.68
Source	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>	
Love Scale	105.05	2	52.52	.25	
error	11407.38	56	211.25		
PAIR total	10970.65	2	5485.33	1.53	
error	193345.78	55	3580.48		
PAS	98.72	2	49.36	.12	
error	22453.89	54	415.81		



## APPENDIX O

## Summary Statistics for Sexuality MANOVA

Effect	<u>Pillais</u>	<u>F</u>	Hypothesis <u>df</u>	Error <u>df</u>	<u>p</u>
Gender	.34	7.20	4	55	.00
Source	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>	
GRISS Total	45.07	1	45.07	21.72***	
error	120.33	58	2.07		
Dissatisfaction	.15	1	.15	.05	
error	158.43	57	2.73		
Sexual	1.07	1	1.07	.00	
error	18494.93	56	318.88		

\*\*\*p&lt;.001

# APPENDIX P

Correlation matrix for entire sample

	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.
1. Age	.47***	.10	.08	.04	.19	-.12	-.13	.01	.19	-.07	-.19	.30*
2. Length of Relation		-.11	-.21	-.12	-.10	-.25	.10	-.12	.04	-.28*	-.18	.38**
3. SDS			.48***	.25	.19	.53***	-.06	.54***	.18	.25	.41**	-.17*
4. Conventionality				.62***	.59***	.52***	.10	.86***	.35**	.42**	.55***	-.28*
5. Intellectual					.58***	.47***	.23	.74***	.35**	.42**	.52***	-.22
6. Recreational						.19	.26*	.57***	.29*	.33*	.44***	-.16
7. Sexual							-.00	.59***	.20	.54***	.56***	-.44***
8. Social								.07	.16	.03	.27*	-.14
9. Emotional									.42**	.43**	.61***	-.18
10. Love Scale										.15	.41**	.08
11. PAS											.46***	-.32*
12. MAS												-.27*
13. GRISS												-

\* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$

# APPENDIX Q

## Correlation matrix for males

	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.
1. Age	.48**	.13	.14	-.11	.18	-.08	-.12	-.02	.12	-.05	-.14	.20	-.15
2. Length of Rel		-.10	-.15	-.24	-.03	-.31	.01	-.05	.07	-.32	-.25	.38*	.07
3. SDS			.50**	.44*	.31	.69***	.23	.63***	.26	.38*	.53**	-.23	-.48**
4. Conventional				.63***	.60***	.71***	-.04	.81***	.24	.63***	.61***	-.44*	-.36
5. Intellectual					.59**	.60***	.30	.74***	.32	.52**	.68***	-.25	-.40*
6. Recreational						.31	.28	.54**	.19	.47**	.50**	-.08	-.25
7. Sexual							.07	.74***	.14	.55**	.66***	-.42*	-.60***
8. Social								.09	.24	.17	.36*	-.18	-.29
9. Emotional									.32	.57**	.67***	-.28	-.44
10. Love Scale										.20	.44*	-.03	-.30
11. PAS											.53**	-.36*	-.20
12. MAS												-.28	-.43*
13. GRISS-M													.06
14. Dissatisfactio													-

\*p<.05; \*\*p<.01; \*\*\*p<.001

APPENDIX R  
Correlation Matrix for Females

	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.
1. Age	.48*	-.00	-.01	.18	.21	-.17	-.11	-.01	.21	-.08	-.28	.37*	.30
2. Length of Relatio		-.12	-.29	-.01	-.17	-.20	.17	-.19	.03	-.24	-.11	.52**	.46**
3. SDS			.43*	.05	.05	-.34	-.32	.41*	.08	.11	.26	-.41*	-.38*
4. Conventionality				.61***	.60***	.31	.21	.91***	.42*	.22	.48**	-.31	-.20
5. Intellectual					.58**	.36	.19	.76***	.37*	.32	.39*	-.30	-.08
6. Recreational						.06	.25	.62***	.40*	.18	.39*	-.28	.27
7. Sexual							-.07	.46*	.27	.54**	.46*	-.65***	-.40*
8. Social								.10	.15	-.09	.22	-.00	.30
9. Emotional									.46**	.33	.56**	-.38*	-.21
10. Love Scale										.14	.39*	-.02	.07
11. PAS											.39*	-.32	-.46*
12. MAS												-.47**	-.11
13. GRISS-F													.44*
14. Dissatisfaction													-

\* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$